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ABSTRACT

This congressional report contains the testimony that was presented at a hearing to examine the needs of homeless and unemployed veterans. Testimony was provided by representatives of the following agencies and organizations: the Vietnam Veterans Ensemble; the National Coalition for the Homeless; the various Veterans' Administration (VA) departments and services; the National Economics Commission and National Legislative Commission of the American Legion; the New York City Committee on Homeless Veterans; the U.S. Department of Labor and its Office of Veterans' Employment, Reemployment and Training; the National Legislative Service of the Veterans of Foreign Wars of the United States; the Federal Task Force on the Homeless, Family Support Administration, Department of Health and Human Services; and the Vietnam Veterans of America. Letters, prepared statements, and written committee questions and answers are also included. The following papers are also included in the report: a description of 18 programs operated by the VA that may be used to help homeless veterans and their families, a white paper on veterans' center services to homeless veterans, policy statements of the VA's Department of Veterans' Benefits and Department of Medicine and Surgery; services to homeless veterans provided by VA regional offices, and a summary of the activities of the Federal Task Force on the Homeless. (MN)

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HOMELESS AND UNEMPLOYED VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON
EDUCATION, TRAINING AND EMPLOYMENT

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

SECOND SESSION

SEPTEMBER 10, 1986

Printed for the use of the Committee on Veterans' Affairs

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HOMELESS AND UNEMPLOYED VETERANS

WEDNESDAY, SEPTEMBER 10, 1986

House of Representatives,
Subcommittee on Education,
Training and Employment,
Committee on Veterans' Affairs,
Washington, D.C.

The subcommittee met, pursuant to notice, at 1:40 p.m., in room 334, Cannon House Office Building, Hon. Thomas A. Daschle (chairman of the subcommittee) presiding.

Present: Representatives Daschle, Evans, Kaptur, McEwen, and Solomon.

OPENING STATEMENT OF CHAIRMAN DASCHLE

Mr. **Daschle**. The Subcommittee on Education, Training and Employment will come to order.

I want to welcome everyone here this afternoon. The purpose of today's oversight hearing is to address the complex issue of homeless unemployed veterans. There are many questions regarding this segment of the veteran population that need to be explored. It is not my expectation that definitive answers to these questions can be achieved during one hearing, but I certainly hope that when we conclude this afternoon we will have established a solid basis for improved understanding of homeless veterans and a clearer plan for addressing this troubling problem.

Statistics and analysis of the homeless population in general are not conclusive, and the same is true of studies targeting homeless veterans. Nevertheless, the data available is generally considered sound enough for us to tentatively make the following assumptions:

First, at least 250,000 to 350,000 individuals are homeless on any given night.

Second, approximately one-third of the homeless males are veterans.

Third, many of these veterans served during the Vietnam era.

Fourth, multiple factors contribute to a person becoming homeless. Most frequently cited are unemployment and economic factors. Fifth, studies consistently show that homelessness is growing.

Several initiatives regarding homeless veterans are now in progress, and these programs will undoubtedly provide more solid information. Certainly, concrete statistics and additional research are desirable and necessary in order to maximize the effectiveness of the programs designed to assist these veterans. We must not be distracted, however, and delay assistance.

We don't need more studies to understand one thing: That it is our clear responsibility to reach out to these individuals who served their country and provide what assistance we can. Our commitment to care for him who has borne the battle also includes the homeless unemployed veteran.

While research is continuing, important programs like the Colorado Veterans Partnership Program can be providing needed services to unemployed homeless veterans. My expectation is that it will be necessary for Federal agencies to establish closer ties with one another, State agencies, service providers in the private sector, and veterans' organizations, in order to meaningfully assist homeless veterans.

As pointed out by a 1985 GAO study, the homelessness problem is likely to remain a problem for several years, and we should begin now to develop a coordinated effort to get homeless veterans back into the mainstream of American society.

Our witnesses today will include representatives of those Federal agencies the subcommittee believes are in a position to have the greatest positive impact on homeless veterans. The Department of Health and Human Services has been designated the lead agency in the Federal effort to assist the homeless, with the HHS Task Force designated as the coordinating center for these efforts.

The Veterans' Administration clearly has the most direct contact with our Nation's veterans and is responsible for the provision of veterans' benefits to those eligible for this assistance. The VA is also in a position to refer homeless veterans to other agencies when appropriate.

The Department of Labor's Veterans Employment and Training Service has the staff and expertise necessary to address the job counseling, job training, and job placement needs of homeless veterans.

We will also hear from national veterans organizations regarding their concerns on behalf of our Nation's homeless veterans. Also appearing will be others who share our concerns for these veterans.

I particularly want to welcome our colleagues, Bill Green of New York and Bill Boner of Tennessee. I am well aware of their efforts on behalf of homeless veterans, and I am delighted that they could be here today to share their expertise.

Before I call them to the witness stand, I would call on our ranking member Bob McEwen for whatever comments he may have.

OPENING STATEMENT OF HON. BOB MCEWEN

Mr. McEWEN. Thank you very much, Mr. Chairman. I join with you in a warm welcome to our colleagues, Congressman William Green and Congressman Bill Boner, who have had a longstanding interest in this particular area and are bringing to this hearing a significant amount of expertise.

Mr. Chairman, the general subject of our hearing today is probably as old as time itself. The Bible often speaks of the plight of the homeless and of the downtrodden. Our history books speak of it and for ages it has been discussed in public forums around the world.

But, Mr. Chairman, today we focus on a specific aspect of the overall general subject: It is the plight of the homeless and the downtrodden who also happen to be veterans of the United States of America Armed Forces. These individuals are the very special charge of this subcommittee and of the full committee, and so I congratulate you for scheduling these hearings today.

Mr. Chairman, we will hear today about the various causes of homelessness from several different witnesses. Some will say that it is caused by chronic mental illness or alcoholism or substance abuse. Others will say it is caused by economic or personal problems such as loss of employment, marital problems, or domestic violence. Still others will say it is caused primarily by the scarcity of low-income housing.

Our witnesses today will also tell us of the various things that are being done, or not being done, by the Federal Government, local governments, the private sector, veterans organizations, and such.

I suppose, Mr. Chairman, that in differing degrees they are all correct. Certainly we have a serious problem that needs to be attacked. In my view, the Veterans' Administration, the Labor Department, the Department of Health and Human Services, all can help. In fact, they are already helping and in some tangible ways, more than ever before.

Of course, Mr. Chairman, more can and should be done, and I want that to happen. But activity by the Federal Government is not the only answer. Federal dollars are not the sole solution to a problem so national in scope that it almost defies description.

Our local governments have a responsibility too. So do local and national organizations. So does the whole private sector and so do all of us. In fact, I have had a longstanding interest and concern in this area and remember specifically the thrust in the 1970's toward deinstitutionalization, in which it was the desire to have no one under custody of the State government who was not a threat to society. So, with the noblest of intentions, people were thrown virtually wholesale out of State institutions and onto the street and now have become in many, many cases the homeless of our major cities.

In this regard, Mr. Chairman, I have noted in some of the statements that will be made today that several of the veterans' organizations have accepted their responsibility and are doing their part.

Dr. Harvey Vieth of Health and Human Services will testify about other local and national initiatives, either ongoing or possible for the future, not just for veterans, but for all homeless Americans.

Mr. Grady Horton of the Veterans' Administration will tell us how the VA can assist with respect to outreach programs, and with respect to mental health treatment, with respect to community care programs, and with respect to veteran centers.

Our friend, Secretary Shasteen of the Labor Department will tell us what that Department is doing and what it can possibly do in the future.

All in all, Mr. Chairman, many individuals and organizations are lending their efforts toward the solving of this national dilemma. Today we focus on the veterans' aspect of it, and rightfully so, for that is our basic responsibility.

There are some who will probably say that we are late, and that we will do too little, and that it will not be enough. But Mr. Chairman, compassion is not limited to those who make such charges. We do not wish to be among those who second guess, or to attack those who have responsibility for our Nation's fiscal problems. Compassion is universal among people of good will. It exists in this room at this very moment. It prompted you to call this hearing. It caused each of our witnesses to search their conscience about solutions to the needs of those unfortunate among us and those that need our help—the homeless veterans.

So, again, I applaud your efforts. Together let's explore what it is that can be done and what ought to be done. Let's be about it, Mr. Chairman, let's get on with it.

Thank you very much.

Mr. **Daschle**. Thank you, Mr. McEwen for a very excellent statement. It sets, I think, the proper tone with regard to this hearing and its purposes.

I would like to call upon our two colleagues, Bill Boner and Bill Green. If they could come to the witness table, we will welcome them. I apologize for my late arrival and want to express my gratitude to each of you for coming and for sharing your thoughts. You bring a very unique perspective to this issue, both having had some personal experiences in this regard. Having had those experiences, you have developed quite an interest and expertise in the area of homelessness.

So with that, I will invite Bill Green to speak first, to be followed by Bill Boner.

STATEMENT OF HON. BILL GREEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. **Green**. Thank you very much, Mr. Chairman. I want to commend you and the members of your subcommittee for holding these hearings on the problem of homelessness among our Nation's veterans. It is a problem that's been been too long ignored and one that, in my opinion, is greatly underestimated.

I held a hearing in New York City on this very problem in early April of this year. It was plain that veterans' groups are becoming aware of this problem and are looking to us here in Washington to take the lead in addressing it. To this date, I am afraid, the response has been negligible.

I take some pride in relating to the subcommittee that my City of New York has been one of the leaders in recognizing this aspect of the homeless problem. My district office compiled statistics at the men's shelter in New York, and indicated that fully 30 percent of those using the shelter were veterans.

The city comptroller, Harrison Goldin, in a report entitled "Soldiers of Misfortune", estimated that one-third of all the homeless were veterans. An extensive study released by the Columbia Presbyterian Hospital Psychiatric Institute concludes that in municipal public shelters in New York City, 29 percent of the men and 1.4 percent of the women were veterans.

So, all the studies really come within a very narrow range that come out almost identically, statistically speaking.

These would be alarming statistics, but I want you to know they are not limited to New York City alone. A one-day census of residents in the Anacostia men's homeless shelter here in Washington indicated that nearly 300 of the shelter's 475 residents were veterans. I am told that a study in San Francisco indicated about 28 percent of the men in that study were veterans.

It may be useful to the subcommittee to be aware of some of the steps that New York City has taken to address the problem. In 1983, in part because of my intervention, the Veterans' Administration operations in New York City and the State Division of Veterans' Affairs started sending counselors each month to the men's shelters. These counselors serve as a liaison between the veterans and the Federal and State veterans' agencies, and assist homeless veterans in receiving benefits to which they are entitled. As the committee is aware, because the homeless don't have fixed addresses, it is often very difficult to get them to link up with the systems that do exist where they have entitlements. And I think that this was an important step to providing that linkage. The subcommittee may wish to consider institutionalizing this procedure within the Veterans' Administration as a means of outreach to homeless veterans.

Further, at the hearing I held in New York City, I was informed by Comptroller Goldin that training workshops had been held for veterans' representatives and their supervisors and that these have resulted in a greater understanding of the needs of the homeless veteran by both the staffs of the shelters and the veterans' counselors.

Comptroller Goldin believes, and I agree, that the homeless veteran outreach has proven useful because it enabled the various units of government to work together. And given the way social services are dispensed in the country, I think that is just about essential if we are going to be effective. I hope the subcommittee will find this a useful point as it considers this issue.

However, I must report to you, Mr. Chairman, that my efforts to get the Veterans' Administration here in Washington to adopt a national policy on this problem have not met with as much success. In my role as the ranking minority member of the HUD and Independent Agencies Appropriations Subcommittee, which initiates the appropriation for the VA, I have consistently brought this issue to the attention of VA officials during their annual appropriation hearings.

At first they denied that the problem existed, and thought that in some way I was slurring veterans by suggesting that any significant number of them could be found among the homeless population. However, the statistics I developed seemed to have convinced them that indeed the problem does exist. However, progress has been slow, and in some ways the study that the Department of Health and Human Services is heading up to develop an administration-wide policy on the issue seems to have slowed down the willingness of individual agencies to step forward and to deal with it.

Mr. Chairman, in your invitation to testify, you asked that we shed some light on what circumstances have led to the seeming flood of homeless veterans. I would agree with the distinguished ranking minority member, Mr. McEwen, that obviously deinstitutionalization has played a significant part in single adult homelessness in this country. I don't think it is the whole story by any means, but I don't think it is pure coincidence either, that these two events have occurred simultaneously.

I believe it would also be reasonable to assume that the delayed stress syndrome so prevalent in Vietnam-era veterans may well play a role in this problem. We have devoted resources to the larger delayed stress syndrome problem and perhaps we should consider some manner of study to determine the correlation of homelessness among veterans with that affliction.

In terms of jobs, as this subcommitte well knows, the Congress has provided $185 million for job training, especially targeted veterans—and, again, that appropriation originates in our appropriations subcommittee.

It is a relatively new program that was created in the 98th Congress. Perhaps it is time your subcommittee took a close look at the program to determine if it is reaching those most in need.

As those in this room well know, the demand on veterans' medical services is at an all-time high and will continue to grow. The aging of the World War II population, coupled with new demands on the medical care system are going to force us to make some difficult funding decisions in the near future.

I applaud you, Mr. Chairman, and your subcommittee for taking this issue head-on, as some determination must be made of the size of the homeless veteran population so that we can make an accurate determination as to how to allocate our resources.

In conclusion, I urge you to give thought to establishing a permanent VA presence among the homeless, perhaps as counselors within the homeless shelters. We should reexamine those programs providing care, job assistance or benefits to veterans to ascertain that they reach out to and meet the needs of homeless veterans.

As a first step, I believe we have to educate VA officials here in Washington to the seriousness of the problem. Until they become convinced, as I am, that homeless veterans form a significant portion of the Nation's homeless, we shall have a difficult job.

Mr. Chairman, this hearing today is an important first step in that process. I thank you for holding it and for permitting me to testify.

Mr. **Daschle**. Thank you, Bill, for an excellent statement.

[Prepared statement of Congressman Green appears on p. 67.]

Mr. **Daschle**. I have some questions I would like to ask but I think I will hold those questions until after our colleague Bill Boner has had a chance to testify as well.

Bill, welcome to the subcommittee. We are pleased you could join us this afternoon.

STATEMENT OF HON. BILL BONER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

Mr. **Boner**. Mr. Chairman and members of the subcommittee:

Thank you for permitting me to testify before the subcommittee as you assess the needs of our Nation's homeless veterans.

As a member of the HUD-Independent Agencies Appropriations Subcommittee, I, too, have asked the Veterans' Administration several times to describe their efforts to identify and assist homeless veterans. The answers have been less than responsive, although I must acknowledge receipt of a letter dated July 1 from VA Administrator Thomas Turnage presenting some surprising statistics about homeless veterans identified at Vet Centers. These numbers raise as many questions as they answer. But, first, let me describe my own interest in the problems of homelessness in our Nation.

Two years ago, I lived with Nashville's homeless for 2 days and 2 nights. I was surprised at the size of the homeless population on Nashville's streets. Based on several census counts that were taken in 1984, on any given night there are between some 600 and 900 individuals living in shelters or on the streets of downtown Nashville.

I was also impressed with the voluntary effort being taken by individuals and community organizations to feed and shelter the homeless. With little assistance or support from Federal or State government, these individuals and organizations were serving several thousand meals a day and providing several hundred beds each night.

In the fall of 1984, I helped secure a grant from the Robert Woods Foundation and Pew Memorial Trust to establish a downtown medical center to serve the homeless. Before the clinic opened its doors, I organized a meeting between Veterans' Administration officials in Nashville and representatives from the clinic. The purpose of the meeting was to establish a liaison between the two organizations.

I am pleased to report that the liaison has worked fairly well and holds even greater promise. Despite scarce resources and other administrative problems, the Nashville VA Office has been in the forefront of trying to serve homeless veterans. I would like to commend publicly VA Administrator Bob Bielak and his staff for their tremendous willingness to work with the clinic staff. By all accounts the VA staff has been receptive to requests for assistance when homeless veterans arrive for treatment at the clinic's doorstep.

In this regard, what has been most valuable about the liaison is that it has identified several problem areas representing even greater assistance for homeless veterans.

Let me briefly describe how the relationship has evolved. One of the first activities undertaken was for the VA and the clinic to share information about each organization's role, resources and responsibilities. The VA familiarized social workers at the clinic with some of the VA's programs and eligibility requirements. Similarly, the clinic conducted sensitivity training sessions for the VA counselors.

One of the problems discovered is the impression that the Veterans' Administration is an impersonal, intimidating and often slow bureaucracy. This may not be an entirely accurate impression but, interestingly, it is an impression repeatedly found in the interviews with homeless veterans. One reason may be that most of the homeless veterans interviewed have had previous contact with the VA. This suggests that one of the areas that should be investigated by this committee is whether there are VA policies or procedures which may be contributing to the number of homeless veterans on the streets.

I know that one of the service organization representatives here today will raise this issue with respect to VA diagnostic policies that may be encouraging premature discharges. Congress has begun investigating similar problems under the Medicare program, and I believe this should be carefully studied.

The impression that the VA is large and impersonal underscores the value of the clinic's sensitivity training. Both Nashville's VA representatives and the workers at the clinic told me that the training has helped VA counselors dispel the impression and overcome the reluctance they often face with the homeless veterans they talked to and interviewed.

To identify veterans among the homeless, clinic personnel interview homeless individuals who arrive at the clinic for treatment. As part of the interview questionnaire, several questions are asked about veterans' status. In the last year, about 25 percent of those arriving at the clinic have been identified as veterans. VA eligibility requirements, however, whittle the number of veterans eligible for medical or other benefits to less than 10 percent of those veterans who were interviewed.

If there is a question or confusion about possible eligibility, the VA is called and the individual is referred to the VA office up the street from the clinic for further processing.

What has been learned through this liaison? The staff at the clinic listed as the greatest obstacle to assisting homeless veterans with medical problems the eligibility requirements giving priority medical treatment to veterans with service-connected disabilities.

Veterans with nonservice-connected disabilities who suffer medical problems resulting from being on the streets are not referred to the VA medical center for outpatient treatment. Thus, the clinic is the only available medical resource available to most homeless veterans.

The underlying eligibility policy for providing medical treatment has been made here by the Congress. While there are merits in support of this policy, it nonetheless has had a tremendous impact in treating two of the problems most often found among homeless veterans, as well as the homeless nonveterans. Those problems are alcohol and drug abuse.

According to the clinic staff, almost 90 percent of the veterans they treat have one or both of these two problems. They tell me that this is higher than the percentage found in nonveteran homeless population in Nashville.

There does not appear to be any coordinated policy for providing outpatient treatment to homeless veterans for these two problems. The same criteria for medical care eligibility are used for treating alcohol and drug abuse, resulting in the clinic staff having to steer homeless veterans away from the Nashville VA Medical Center.

In addition, there is an immediate need for detoxification, which is unavailable in the absence of other medical problems. The nearest alcohol abuse treatment program is at the Murfreesboro VA Medical Center, about 20 miles outside of Nashville. Failure to treat these two problems often leads to other problems, including violence, despair and suicide.

I encourage the committee to evaluate whether it is possible to change the specific eligibility policy for alcohol and drug abuse treatment. Readily available outpatient treatment of substance abuse for all homeless veterans, and the availability of emergency detoxification, would be a step toward breaking the self-destructive cycle in which many homeless veterans find themselves.

This was one of the specific recommendations the clinic staff made to me and one which is sufficiently focused to allow the VA to experiment with tailoring a program to the needs of homeless veterans.

Another recommendation suggested by the clinic staff was that there be greater VA outreach. I know that limited staff resources prevents the Nashville VA staff from visiting shelters more than 2 or 3 times a year. But the impression that the VA is a huge impersonal bureaucracy can be dispelled with a greater public presence at the homeless shelters and food kitchens.

In addition, a larger number of veterans may be reached with this kind of outreach effort, rather than assisting primarily those homeless veterans coming into the clinic.

Similarly, the VA should not focus its efforts solely on homeless Vietnam-era veterans coming into vet outreach and counseling centers. Administrator Turnage's letter dated July 1, lists the number of homeless veterans identified as new cases at the centers. If this number represents the number of individuals who walked through the vet center doors in the October to February period, then it most likely under-represents the number of homeless veterans, particularly non-Vietnam era veterans, living on the streets.

Many surveys show that about a quarter of all homeless individuals are veterans. While other experts can inform the committee about where most of the homeless are, I believe the VA can make a greater effort to identify veterans who spend nights in homeless shelters and receive meals at food kitchens. How?

By relying less on fixed storefront VA centers and other VA facilities and waiting for homeless veterans to pass through the doors and, instead, increasing the number of VA field representatives who can visit shelters, who can visit the kitchens, single-room-occupancy hotels, and other locations frequented by homeless individuals.

By training social workers, church volunteers and other shelter workers, and familiarizing them with VA services and eligibility requirements.

And by designating more VA officials to act as liaison with community organizations and shelter sponsors. I believe the people working with the homeless represent an untapped resource which the VA could tap.

Implementing these recommendations will cost money. But I believe that the HUD-Independent Agencies Subcommittee is prepared to appropriate funds for a program focused on the need to identify and assist homeless veterans. Perhaps the VA could propose a pilot program for several urban areas of the country.

Naturally, homeless individuals are a very difficult population to assist. Some of the reasons which contribute to an individual's homelessness can pose a barrier to any effort to assist him or her. But this fact should not prevent efforts greater than what have been taken to date, particularly in treating alcohol and drug abuse.

Last year, when I asked then Administrator Harry Walters about the resources VA planned to devote to identifying the homeless, I was assured that he was studying the problem, participating in the Department of Health and Human Services Task Force, and considering solutions.

This past March, when I posed the same questions to then Acting Administrator Everett Alvarez, I was told about VA's outreach effort, which was followed up by Administrator Turnage's letter of July 1, which I would like to make part of the committee's public hearing.

(See p. 85.)

Mr. **Boner**. I hope that the representative from the VA can explain to the committee the significance of the numbers in the Administrator's letter, as well as the disposition of the 1,708 homeless veterans referred to other VA services during the 6-month period reported. This letter may represent a good start, although there are many areas and many questions that the numbers cannot answer.

I believe this committee's hearing investigating VA's efforts may result in concrete proposals which the VA can implement. To that end, I hope the limited experience in Nashville between the VA office and the Health Care Clinic for the homeless will suggest what opportunities and what barriers face all of us who want to help the homeless.

Mr. Chairman, and fellow Members, I thank you for the opportunity to testify before the committee.

[Prepared statement of Congressman Boner appears on p. 70.]

Mr. **Daschle**. Thank you very much, Bill, for a very perceptive and thorough statement. Obviously, having had the experience you have and studied it as much as you have in the last 2 years, your testimony is of tremendous benefit to us in gaining a better understanding of this problem.

Bob?

Mr. **McEwen**. Thank you, Mr. Chairman. I just would join in my expressions of gratitude for your appearing here today. I understand both Bills, both in Manhattan and in Nashville, how long you have been involved in this endeavor and your commitment to it as members of the Housing Urban Development Subcommittee. I know that I can speak for the Chairman and all the members of this committee when I say that, both of us have been trying to encourage the various departments to do more—and indeed they have moved somewhat. I think we need to join hands by legislatively authorizing. And with your commitment on the appropriations, we can then make a step forward in this area for our Nation's veterans and, of course, for our Nation's homeless in general.

I underscore the Chairman's acknowledgement of your commitment above and beyond what is expected of Members of Congress. You can have a very deep personal concern. Thank you for coming.

Mr. **Daschle**. Mr. Solomon.

Mr. **Solomon**. Mr. Chairman, without taking up much time, let me just concur in your comments and the comments of the ranking member in commending both of our colleagues. Certainly you have carefully looked into this problem. We really appreciate it, and will take your views into careful consideration.

Mr. Chairman, I also have a very important subcommittee going on with Foreign Affairs right now, and I won't be able to stay too long, but I very much appreciate your holding this hearing.

Mr. Daschle. Thank you.

Would you give me your view of the priority with which we must deal with this issue? You have touched on outreach and the need for health care through the clinic, and you have had praise for the local clinic, Bill Boner.

You talk, Bill Green, about the need for job retraining, and you said that the bill last year that you passed has now begun the implementation of this.

If we are going to try to address this problem more directly, what steps should we take? What would be the progression? I would imagine you will say outreach is obviously the first, and the relationship with the VA hospitals perhaps second. But once that outreach and once that visibility and hands-on approach to this thing is there, what would you say should be done? Once that outreach has begun, how would you prioritize the things that need to be done?

Mr. Green. My first goal of the outreach is to define the size of the problem. And then, second, to see that those who are eligible for services are getting them. It is the nature of this population that they are often unaware of substantial entitlements either through the Veterans' system or other aid systems, Federal, State and local, that this population doesn't get because they are not very good at cashing in on entitlements.

So I think that is the next step.

To the extent that that outreach, then, defines a group of veterans in need where existing programs don't provide a service and if it can define what the nature of the problem is, whether, for example, as I suggested, maybe the delayed stress syndrome has something to do with it—that, I think, would be important to try to define why these veterans are slipping into this way of life.

Once we get a better feel for that, we will then know how to devise programs or in fact re-prioritize existing programs so that their problems can be dealt with.

That is why your hearing is so useful. In many ways, while I can give you anecdotal material about New York and my colleague on the HUD-Independent Agencies Subcommittee has obviously had very similar experiences in Nashville, I don't think we have the kind of national picture that I think a national outreach effort by the VA could produce for us fairly quickly.

So I would like to see that occur so that we can then see what the patterns are and provide the resources either through new programs or given our budget situation, perhaps by changes in priorities or definitions in existing programs.

Mr. Daschle. Bill?

Mr. Boner. Mr. Chairman, I think, as my colleague from New York has said, first of all, we have got to acknowledge that there is a problem. We have got to acknowledge that veterans are not immune to the problems of the homeless.

In my experiences when I literally lived with the homeless and travelled with them around Nashville, and had grown a beard, and perhaps didn't look quite like I do now—I am not sure which one is the better of the two ways I looked—but I found that many of our governmental agencies, and if I can use the VA as an example, are so programmed to understand that the benefits they are required to administer are within the walls of the buildings, either the VA Center or the Federal Court House, and that you have to come in—and a lot of that is due to the limitation on the staff.

But I think that the first step that I would do after we identify and recognize the problem, is that in setting up an outreach program, there is no need to reinvent the wheel. There are organizations out there—the Salvation Army. And the case in Nashville, we have what is called the Rescue Mission. We have the Catholic church involved; the Methodist church is involved.

The first thing that can be done is for these governmental employees to realize they are going into a nontraditional environment. And to do that, they are going to have to work with, and work through, all of these individual organizations, whether they be charitable organizations or run by just individuals. I think that when they begin to deal with the veterans in the homeless area, they will find what we found in Nashville—that the majority of many of the homeless people were mentally ill in some capacity. Because the States had rewritten the laws for what you had to be to be committed, suddenly hundreds of people were put out on the streets. And I found that these individuals really had nowhere to go. There was no halfway house for mentally ill in the city of Nashville, or very few in the State of Tennessee, if any.

And then you had the drug problem. And then you have the alcohol problem. Probably more alcohol than what we would call the traditional drugs of cocaine, substances like that.

But I think the first step is to work with those organizations and associations that are already out there on the streets and know what is going on, and then try to be able to identify where these people are and how we can help them.

If you believe the homeless people want to go to the traditional sources to get benefits, then you are wrong. Many of them choose to live on the streets. They choose to do that for a lot of different reasons.

I slept on the streets at night with several of them. We could have gone down to the Union Mission to sleep. But in warmer weather they chose to be outside, for whatever reason—they didn't want to conform to going to bed by a certain hour, and they didn't want to conform to getting up by 6 o'clock in the morning to get out of the shelter like they would be required to. They couldn't have alcohol on their breath.

You have to realize that you are not dealing with a traditional individual. And if we can adjust to that, work through the organizations. And we have studies out there. The homeless veterans are no different from the homeless nonveterans—the problems are the same. Basically alcohol, some drugs, mental illness. Be prepared to address those problems, because that is what you are going to find out there.

Mr. **Daschle**. What percentage of people, from your experience, choose to accept this way of life rather than are relegated to it for whatever reason?

Mr. **Boner**. It would be hard for me to say. Over my weekend, I guess I had a chance to visit with maybe 150, to sit down and talk with them. My name was Hoot Jackson back then.

Mr. **Daschle**. What was it?

Mr. **Boner**. Hoot Jackson.

Mr. **Daschle**. Hoot Jackson.

Mr. **Boner**. And I had a story. And every one of them have a story, a sad story, about their life. They are generally in the older population. The saddest of all was seeing more young people, more families, and more single parents with children. And the children having to be housed or living out on the streets.

When I say they chose that, I don't mean it was like somebody came up to me and said we have a hotel available for you. Which would you like to go to?

I mean, I guess, by that they chose that, they feel within themselves that they are an outcast group. I am not talking about the people that we see around here with all of the sacks of clothes on—I mean, they would probably be more of your hard core homeless.

I am talking about people who were trying to find jobs. I met men and women who would get up at 6 o'clock in the morning—and you had to be out. And there were two temporary employment services very near the area where the homeless people would sleep at this Union Mission. They would go down there and stand in line to be able to get some kind of employment—no matter how menial it might be. But yet, they weren't able to make enough money to improve their conditions to get off the streets.

A lot of them had alcohol problems. You know, they chose that, in that they chose to live with it and not try to seek help and counseling.

So it is a highly unique situation where you have these people. Normally you say, well, if you are sick, go to the hospital. Some of them fear the hospital. Some of them don't know where the hospital is. Some of them don't have the money to go there. Just all kinds of inhibitions that I never dreamed of.

I will say this: I had some of the most generous acts that an individual could ever show to another demonstrated by those people. One example, just briefly, was by a lady who just was killed just this weekend while living in one of the tent areas down on the river in Nashville. There was a shooting down there. Without knowing all the circumstances, she and her husband lived in a tent together. Her name was Jean and her husband was called Mad Dog—nicknamed for MD 20/20, which I understand is an alcoholic beverage with more water than perhaps alcohol in it. But she was recently killed and he was shot. When I left this weekend he was in critical condition.

When I lived in the streets of Nashville, this couple walked me around and led me way out of the way to get to a place for us to eat on a Saturday, for lunch, at a Catholic church, which ironically, was about 3 blocks from where I live. On the way back to the downtown area, she had a candy bar. She offered me the candy bar first before she would eat any of it. We were walking by a grocery store, so I went in and bought her a couple of candy bars to carry with her. But I realized she was willing to give me that one candy bar, which was all that she had. They are an unusual group of people and have a lot of similar problems.

Mr. **Daschle**. Let me just ask a final question. It is a little confusing from what little I know of the issue at this point as to whether the problem is lack of resources, or whether it is just a lack of concern, or a lack of empathy for this whole situation.

The impression I have is that there are a lot of groups out there. There are some local organizations. There are people at various local governmental entities that seem to be concerned, but it is really a lack of adequate resources that prevents adequately addressing the problem.

Is that perception accurate?

Mr. **Green**. I think that to some degree it is. First, I don't think you can say it is one problem. And I am not talking about the homeless generally and not necessarily where the veterans fit into it.

From our experience in New York we would distinguish between the family homeless who seemed to me to represent the typical poverty syndromes in this country—a large percentage of single adult-headed family woman with children and no man in the household, who for one reason or another have been thrown on the street. The building they are in burned down, or they were evicted. And the housing judges in New York City don't evict you lightly. So they were way behind in the rent, or very bad tenants. That is one kind of problem.

The single adult homeless, I think is a mix of problems. Some, I think, is the deinstitutionalization, how big a proportion have some mental illness is a matter of some controversy in New York City. I know there was an article a couple of years ago in "Scientific American" by a woman who had been head of the emergency psychiatric department in one of the major Boston hospitals and was now teaching at the Harvard School of Public Administration. She had gone to a men's shelter in Boston—tested the people there. Her conclusion was that fully 90 percent of the people at the shelter had some specifically diagnosable mental illness, including within that, substance abuse.

So I think you may have a rather different kind of pattern. Obviously, it may be different in Texas. They have had large numbers of people come looking for jobs only to discover that the economy in the place had evaporated and the jobs for which Texas had been famous in boom time suddenly weren't there now that oil prices were way down.

Again, that is why I think it is so important to try to reach out to the veterans' part of this problem and find out who they are and what is causing the problem, so that we can target veterans' resources, of very specifically at their needs, and how they got there.

Mr. **Daschle**. We could go on for the rest of the afternoon just talking with the two of you. Obviously, you bring a tremendous amount of insight to this whole area. I know I speak for the whole subcommittee in expressing our gratitude to you, Bill Green, and to you, "Hoot," for coming before us this afternoon.

Thank you for sharing your time with us.

Mr. **Boner**. Thank you, Mr. Chairman.

Mr. **Daschle**. Our next witness will be Dr. Harvey Vieth. He is the Chairman of the Federal Task Force on the Homeless, the Family Support Administration, Department of Health and Human Services. He is accompanied by Mr. James Hunter, the Executive Assistant to the Deputy Under Secretary for Intergovernmental Affairs.

Dr. Vieth and Mr. Hunter, we are pleased you could join us this afternoon.

I would ask Mr. McEwen if he has a comment to make at this time.

Mr. **McEwen**. Thank you, Mr. Chairman. I would like to say just before Dr. Vieth begins, to express the frustration to the members of the audience that may not understand, or don't fully appreciate, at least, how this all works.

Let me point out that during markups in this committee, every chair is filled and everyone is here, because that is what we do and voting is very critical. There is a Subcommittee on Aviation in which there are a couple of amendments in which the votes are tied. It is very critical as to what we are going to do in the FAA and traffic controller situation, and I must take my leave briefly. But let me say that as soon as we complete the markup there in the subcommittee, I will return and just didn't want Dr. Vieth or Mr. Hunter to be offended in any way, because as Douglas MacArthur once said, I shall return.

Thank you, Mr. Chairman.

Mr. **Daschle**. Thank you, Bob. We know what everyone's schedule is like, and certainly the entire record will be available for the perusal of all of our members.

We welcome Marcy Kaptur to the subcommittee this afternoon.

Dr. Vieth, please proceed.

STATEMENT OF HARVEY R. VIETH, CHAIRMAN, FEDERAL TASK FORCE ON THE HOMELESS, FAMILY SUPPORT ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES; ACCOMPANIED BY JAMES HUNTER, EXECUTIVE ASSISTANT TO THE DEPUTY UNDER SECRETARY FOR INTERGOVERNMENTAL AFFAIRS

Dr. **Vieth**. Thank you, Mr. Chairman and members of the subcommittee. As Chairman of the Federal Task Force on the Homeless, I am pleased to have the opportunity to testify before you today. With me is Mr. Jim Hunter, of the Office of Intergovernmental Affairs in Health and Human Services. His office coordinates HHS activities relating to veterans' affairs and activities in our regional offices relating to the homeless.

I have been asked to address the nature and extent of Federal involvement in efforts to help homeless persons, particularly homeless unemployed veterans. My testimony will focus on the Task Force's efforts to identify and coordinate Federal activities to help feed and shelter the homeless.

Witnesses from the Labor Department and Veterans' Administration will speak more specifically about their activities to help the homeless unemployed veterans.

The Federal Task Force on the Homeless was established in October 1983 to enable the Federal Government to coordinate Federal activities to serve the homeless. The Task Force includes representatives from 15 major Federal agencies. I, as the Chairman, represent Health and Human Services, and a representative from HUD is the Vice Chairman.

The other 13 members represent the Veterans' Administration, Labor, Defense, Agriculture, Commerce, Education, Energy, Interior, Transportation, ACTION, FEMA, GSA, and the United States Postal Service. Each representative has been personally selected to serve on the Task Force by the head of each agency.

The charter of the Task Force is based on the following principles:

First, homelessness is essentially a problem handled best at local levels. The problem surfaces at the local level and, as such, efforts to resolve it must be focused at that level. Representatives at the local level can best assess the needs of their homeless population, and pull together and deliver the appropriate support and assistance, with creativity and compassion.

Second, the Federal Government supports programs and provides resources to help the homeless. There is a considerable array of existing Federal resources which can be tapped at the State and local levels to help the homeless. These resources include numerous public assistance programs for which the homeless are eligible, as well as surplus building space, supplies, equipment and food. There are additional resources at the State and local levels which can be used to serve the needs of the homeless.

Third, information on existing community-based strategies needs to be shared with other communities. The kinds of activities that can meet the needs of different categories of homeless persons are being done now somewhere in this country. Therefore, a systematic effort is needed to document and disseminate what is happening, so that other communities can benefit from successful experiences.

In light of these principles, the role of the Task Force can be summed up as follows:

Identifying potential resources controlled by Federal agencies.

Cutting red tape and helping to remove impediments so that these resources can more effectively be targeted to the homeless.

Acting as a facilitator or broker between local governments, shelter providers, and Federal agencies, but only when such assistance is requested by local groups or local officials.

Serving as an information source on homeless services and issues for the White House, Congress and the provider community.

Assisting in identifying examples of successful local approaches to serve the homeless and assisting in disseminating this information throughout the provider community.

Who are the homeless?

The traditional image of the homeless person as a middle-aged, white, male alcoholic no longer holds true. In fact, on the average, homeless persons today are in their mid-thirties. Various studies have shown that the homeless consist of 60 to 66 percent single men, 12 to 13 percent single women, and 21 to 27 percent family groups.

Most studies show that one-third of the homeless have chronic mental illness, up to one-quarter are alcoholic or substance abusers, and a disproportionate number, 44 percent, are minorities. Of note to this subcommittee, one-quarter to one-third report that they are veterans. Of course, there is a great deal of overlap among all these categories.

While the homeless are found throughout the country, in small and large cities as well as in rural areas, the problem is much greater in large urban areas—possibly because more services and resources are found there.

CAUSES OF HOMELESSNESS

While many factors contribute to the problems of the homeless, the Task Force considers the major causes to be: Deinstitutionalization/mental illness; Alcohol and drug abuse; and economic and personal crises, such as loss of employment, eviction, lack of low-cost housing, divorce, and domestic violence.

Most of the homeless population fall in the first two groups—the chronically mentally ill and the substance abusers. Unfortunately, these are often the most difficult persons to help. The significant increase in this segment of the homeless population is partly attributable to deinstitutionalization. Nationally, the number of individuals in mental hospitals and institutions declined from 505,000 in 1963 to 125,000 in 1981, without a sufficient corresponding increase in community-based mental health support systems.

In other words, the dollars did not follow the people as they were turned away from the institutions.

Many individuals in the third group—those homeless because of economic and personal crises—are homeless for only a short period of time, until they resolve their personal crisis or find new employment.

The lack of affordable housing is also a factor. In the past 10 years, gentrification and urban renewal have led to the loss of over 1 million single room occupancy units—that is, rooming houses and places where people could be living with very little income—and also, other low-cost housing has been lost.

The Task Force has identified over 50 Federal programs that can be used to help the homeless. Many of these programs are block grants that can be used for a wide variety of purposes, including feeding and sheltering the homeless.

Decisions on how to spend block grant funds generally rest with the State or the local level. Therefore, a shelter provider or other interested party must approach the State or locality to request that block grant funds be directed to homeless services. Other Federal programs include entitlement or discretionary grant programs. Assistance from these programs is provided directly to individuals or institutions.

The Task Force works with its members in identifying usable resources and in suggesting ways in which they can be targeted more effectively. At the same time, the responsibility for carrying out a given activity resides with the appropriate agency.

For example, the Task Force has negotiated 10 agreements with Federal agencies to support local food and shelter operations. These include agreements with: HUD and USDA's Farmers Home Administration to use single-family homes in their inventories as shelters; DOD to renovate shelters, to store goods for foodbanks in their warehouses, and to donate nonmarketable foodstuffs from their commissaries to foodbanks; and GSA to lease vacant Federal buildings as shelters, and to donate surplus Federal equipment to foodbanks and shelter operators.

In addition to negotiated agreements, there are a number of ongoing activities. For example, the Social Security Administration and the Veterans' Administration have established programs to reach out to homeless individuals who may be eligible for benefits they administer. As part of these outreach activities, staff provide information on benefit requirements to the shelter operators, and even travel to the shelters and soup kitchens to talk with the homeless about their potential eligibility.

Another example is the Labor Department's activities which have made it easier for the homeless to participate in job training programs. They are also in the process of establishing a model program in 10 cities for homeless unemployed veterans. The Labor and Veterans' Administration witnesses will discuss these activities in more detail.

In closing, I would like to note that the agencies throughout the Federal Government—those represented on the Task Force as well as others—have generally been extremely cooperative. Together, we will continue to work with States and communities in serving the needs of the homeless.

Thank you for the subcommittee's interest in this vital issue. I would be happy to answer any questions that you may have.

[Prepared statement of Dr. Vieth appears on p. 78.]

Mr. Daschle. Thank you, Dr. Vieth.

The Task Force has identified over 50 Federal programs that can be used to help the homeless. Has the Task Force compiled, published, and distributed this information to shelter operators and local and State governments?

Dr. Vieth. In my testimony I have described how we distribute information on the different block grants that are available, and we do act as a clearinghouse to people who are interested. We have published a resource guide that includes many, maybe not all of the Federal programs, because we continue to identify new sources. In developing the resource guide, we brought together 30 providers—15 food providers and 15 shelter providers—to put together this resource guide. And we have given out 15,000 of those guides—one to every State, every large city, and to all different providers that have asked for it. So we have provided that technical assistance on successful programs.

Mr. Daschle. Is the lack of information, or the availability of information, a concern to those who are out there in those areas where homeless can be found? Or do you think that information is adequately available at this point with regard to the resources that currently exist?

Dr. Vieth. I think that when we first were involved in this business 3 years ago—I have been the Chairman since it began—there wasn't very much information. And I think there was a lot of misrepresentation of who these people were. If you went to one city, it blamed the other city for saying they sent the homeless people there.

Over the last several years, almost every large city has had some problem. I have been able to identify—and I am sure there are many more—model programs. For example, in New York, the St. Francis House, and the Skid Row Development; in Los Angeles and in Phoenix, and you can go on and on.

The main thing I think you have to be careful with is that you can't use, in my estimation, a broad-brushed approach to serving the homeless, because, as you know, we identify the different kinds of people that are homeless. And you have some shelters composed of 5 or 6 people, others up to 50. I think when you get up over 200 people—even though in this community there is a lot of discussion about it—you are beginning to get into an institution.

Mr. **Daschle**. In its role of serving as an information source on homeless services to the Congress, has the Task Force developed any kind of a directory or listing of the homeless shelters and services that are currently being provided?

Dr. **Vieth**. The Task Force is at the Federal level. We have 10 regions. We went out and established in the regions a mirror of what we have here. So, in the regional areas, we did ask them to identify shelters, but we don't have an up-to-date list. At our regional level it is very difficult to keep an up-to-date list, because some shelters are existing, others are going in and out of existence, and some are very small. At the Federal level we really aren't in a position that we would want to be in the business of certifying shelters.

But at the local level, in community action agencies and welfare departments, they are familiar with shelters and where people could get help. If someone can't be helped through some Federal entitlement immediately, they would be able to refer them to the shelter. So that is why it is so critical that we keep such a listing at the local level where people are served and the sensitivity is continued.

Mr. **Daschle**. I understand the National Coalition for the Homeless is sponsoring a National Conference on Homelessness later on this month in Washington. Is the Task Force or its member Federal agencies participating in the conference?

Dr. **Vieth**. No, we are not participating.

Mr. **Daschle**. Are you aware of it?

Dr. **Vieth**. I am aware of it, yes.

Mr. **Daschle**. Were you invited to participate?

Dr. **Vieth**. I was asked to participate, but we have been in the process of a reorganization with the Task Force as well as with FSA in the Department of Health and Human Services. And at the time that I was invited to participate, we did not know what the structure was going to look like because we were addressing a wide range of issues. The Task Force structure is the same, so we are going to continue the way we are. But, at this time, I am not planning to speak to that coalition, although I have spoken around the country over the last several years to many different groups.

Mr. **Daschle**. Do you have any fear that your absence may be misinterpreted?

Dr. **VIETH**. I would hope not. I think most of the people that I have dealt with, including advocates around the country and other Federal agencies, realize that I am sincere and that we are trying to do what we can with existing resources, and trying to identify those recources. So I don't know why they would misinterpret that I am not going to be at that particular meeting.

Mr. **DASCHLE**. Thank you, Dr. Vieth.

Dr. **VIETH**. Thank you.

Mr. **DASCHLE**. Dr. Vieth, there may be additional questions for the record.

You know what, I didn't call on Marcy Kaptur. I am sorry. I apologize profusely.

Could you come back for a moment? It just occurred to me—I had additional questions and I thought, well, I am going to submit them for the record. I apologize to Marcy for not acknowledging her time. So at this time I call on Marcy Kaptur.

Ms. **KAPTUR**. That's all right, Mr. Chairman.

First, I want to commend you for holding these hearings.

I come from a medium-size city in Ohio, Toledo, and we have a homeless problem but we consider it to be one which can be handled. I think I am somewhat overwhelmed when I come back here to Washington, or I go to New York, or Chicago, and I look at some of the large metropolitan areas of this country and the numbers of people I see on the street or in the metro stops.

I am very happy for these hearings because of the figures that have been submitted for the record. I really did not know that a third of those who are homeless are veterans. I want to commend our chairman and also Congressman Bill Green of New York and Bill Boner of Tennessee for helping to elevate our understanding of this extremely important issue.

I wanted to ask Mr. Hunter a question about Ohio, and that is, as you look at the various joint ventures that you have struck with other agencies, whether it be DOD or Department of Labor, HHS, have you had any experience in Ohio in any of the cities? I know you have not worked in mine, but perhaps in Cleveland.

Could you describe any in more detail?

Mr. **HUNTER**. I am trying to recall a specific incident. I am sorry, I can't. The program has been out there. I know we have participated in Ohio projects, but I don't recall a specific one offhand. By the time you get through dealing with several hundred, perhaps more than a thousand around the country, they sometimes lose identity, and I don't recall a specific one at this time.

Ms. **KAPTUR**. That was, incidentally, one thing that troubled me about the testimony. It is a good broad summary but there weren't a lot of specifics. You mentioned here a thousand different types of initiatives that have been undertaken.

Mr. **HUNTER**. I think that that is a fair number, yes.

Dr. **VIETH**. We did go to Cleveland early out. In fact, it probably was within the first 6 months. There is a nonprofit organization which is the Committee for Food and Shelter, which is a bipartisan committee which Mrs. Jim Baker really founded. I was traveling with the group and we did go to Cleveland to see what problems they had, and talked with the Salvation Army.

I did happen to be in Toledo the weekend you were having all the trouble with your very famous homeless person that was sitting on the steps of the court house. I don't know if you are familiar with her or not.

Ms. **Kaptur**. Oh, yes, we certainly are. She spends a lot of time in the Federal building. She is not a veteran.

Dr. **Vieth**. That's right. She is a veteran of the streets.

Ms. **Kaptur**. She is a veteran of the streets, that's for sure. I guess I was a little unclear from your testimony as to the breadth of your experience, which initiatives you found to be the most successful in which places. I don't know, did I miss that, Mr. Chairman?

Mr. **Daschle**. No.

Ms. **Kaptur**. You obviously have more information that hasn't been submitted for the record. I guess I expected you to come up here and say we took care of this many thousands of people, and we are proudest of what we did in this city, and we found the best cooperative agreement to be this one to reach out to the veterans population. You must know that. You just haven't presented it in that way to us.

Dr. **Vieth**. We can give you that for the record, and also any cities or towns that we have dealt with in Ohio. The thing is, it is a changing thing all the time. The main thing is there isn't one single type of shelter. There are so many different kinds that serve different people. I think you have to be very careful in generalizing about what works best.

I heard testimony by Congressman Boner saying that a lot of people chose to be in the streets, and this has certainly hit the front pages at different times. I think that's true. In New York, they were doing a study in which they interviewed people in the subway about 4 o'clock in the morning who were homeless, giving them some doughnuts and coffee, asking them to go to a shelter. Something like 60 percent refused to go.

Ms. **Kaptur**. That is the case with the lady in Toledo.

Dr. **Vieth**. Yes. You have to understand you are dealing with chronically mentally ill. So you are not dealing with the kind of people that are easy to reach. And you are not dealing with white-gloved psychiatry. You are not dealing with clinics.

The first thing I learned when I went to Los Angeles, from a psychiatrist I was talking with, is that you have to go right out to the people. I think the outreach program that the veterans are doing—and I have talked with the American Legion, the Vietnam Veterans—is very positive. Everybody is trying to deal with this. It is not easy.

If the veterans were to go in a shelter tomorrow and identify homeless veterans, and come back later, they may not be there. So it is very easy to make judgments if you don't have a deep understanding of what you are dealing with. It is complex.

But I do think that the positive thing I have seen—when we started, people didn't believe there was a homeless problem and I don't think I believed that there was—is that now everyone knows there is a problem. You have coalitions that have been developed in almost every State and every local community. The coalition people are working with us; they are reaching out to see what we can do to help them. I don't think it is as much of an adversary relationship as it was.

You have New York State giving $220 million. You have the Robert Wood Foundation coming up with $34 million. So you are really getting people who are starting to address the homeless issue. I think that we need to keep it this way and keep it at the local level, and keep these relationships as sensitive as we can to the needs of homeless people.

Ms. **KAPTUR**. Mr. Chairman, would you allow me just one other brief question?

Mr. **DASCHLE**. Yes.

Ms. **KAPTUR**. Doctor, if you could advise this Member of Congress and the veterans' organizations in her district as to one or two positive steps they might take to reach out to those veterans who may be in this difficulty, what would your best advice be from all the examples you have seen around the country?

Dr. **VIETH**. I think the best thing to do is to sensitize the veterans' organizations to, first of all, what homelessness is, but more specifically, that some of their people could be homeless.

The experience I have had with veterans' organizations since I have come to this community is that they have one thing they are interested in, and it is the veteran. And if they know that someone is hurting out there, they are going to find a solution, whether it is the American Legion—there is an American Legion Post in every community in the United States practically—or another veterans' organization.

So there is a great potential. It is just a matter of recognizing that these people aren't only alcoholics. Clearly, some homeless alcoholics are taking alcohol because they can't get the drugs they need. But we can't simply classify them as alcoholics, or drug addicts, or mental patients who have lost contact with their physicians.

So I would say, to get back to the question, that veterans' organizations do have the wherewithal and the sensitivity to take care of veterans. That's why they exist and I don't think there's a group that I have seen that is any more effective in helping their own people.

Mr. **HUNTER**. I would just like to add to that a little bit, thinking of some of these broad experiences in the last couple of years with I think significant involvement from the Federal sector. Dealing with the local groups, we have really put it down more to the regional offices of the Department and found great success with that. The regional directors, the regional staffs, are far more acquainted with local communities, and the States within that region and much better acquainted than we are from here in Washington. And I think they have carried out some very good success with that—and then getting to identifying some of the outreach programs.

We were involved in a very close cooperation just last year with the Veterans' Administration here in Washington, D.C. I am aware of how well that worked. Also, I know what some of the failings were. I think one of the biggest difficulties in that no one seems to know how to handle the streets. If you look at the recent study out of Harvard just a couple of weeks ago, it says there's 2.3 people on the street for every one that is in a shelter. We are learning better how to get in and work effectively at the shelter.

The VA has been great at doing outreach, as we have worked with SSA in the same way. But if you look at that number and say, we are missing 2⅓ for every one that we are getting to, I don't think that there is an answer yet there. I certainly haven't heard it. But there is that one out of every 3. Something that we are able to get to and have found some success in doing that—not just here, but around the country in several locations.

The VA work in New York City has been extensive and has worked very, very well. I personally commend VA. It has been a great working relationship over the situation here in D.C.

Ms. **Kaptur**. Mr. Hunter, of the New York example, that's at the regional level, and then who within the region do you feel took the leadership and really got this thing rolling, the Medical Director, or was it some level below that?

Mr. **Hunter**. I think it came right out of the New York City office. I know they have a very large office, obviously, there, and I think it originated right within the city. I know that that is an experience that they are sharing within VA. We have seen some of the information, certainly not all of it.

Dr. **Vieth**. I think we should get that for you, because the first place I went when I was given this job was New York City, and I spent about 3 days in the shelters talking with people. One of the things we ran into immediately was that there were veterans, and that there was some outreach program serving them. So the VA outreach program may have been in existence before we were. But, we went to all the regions and briefed the Social Security people, the Veterans, the Labor, all the people out there, and then they would talk to each other. In other words, Social Security was doing some outreach, they would go to the shelters, or talk to the people, and then they would realize that some of the homeless are veterans. They wouldn't be experts in the veterans' area, of course, but they could identify them and then relate that information back, and vice versa.

So this was a good relationship because as one organization has enough personnel to do that. But as far as New York, if you want that information, we should get it for you—how it started. But now it is expanding around the country. I don't know about Toledo.

Ms. **Kaptur**. All right, thank you very much.

Mr. **Daschle**. Marcy, thank you.

Ms. **Kaptur**. Thank you, Mr. Chairman.

Mr. **Daschle**. Mr. Evans?

Mr. **Evans**. Thank you, Mr. Chairman. I really have no questions for the witnesses. I just want to commend you for being an advocate for homeless veterans and all veterans, and for sponsoring this hearing.

I would like to bring to the attention of members a bill that has been introduced by our colleague, Congressman Leland of Texas. The bill is H.R. 5138. It simply states that having a fixed or permanent address is not required in order for a veteran to receive such benefits as food stamp benefits, and so forth. That provision is going to be made into part of a larger package—H.R. 5140, the Homeless Persons Survival Act of 1986, which Congressman Leland has introduced. They are looking for cosponsors and support from members of our committee, and I thought I would bring it to members' attention.

Mr. **Daschle**. Thank you.

Dr. Vieth, let me, before you go, try to develop a little better appreciation of the history of your Task Force. How long have you been in existence?

Dr. **Vieth**. Since October 1983.

Mr. **Daschle**. I assume the purpose of it is to coordinate the efforts of all the Federal agencies?

Dr. **Vieth**. That's right.

Mr. **Daschle**. You have been chairman for the duration?

Dr. **Vieth**. Yes.

Mr. **Daschle**. How is it that you were given the opportunity to chair this Task Force?

Dr. **Vieth**. I don't know that I had a job description going into it. I was running the Office of Community Services, which was, of course, created during the War on Poverty. Some people were working with me and for me that were dealing with the foodbanks and putting together a Memorandum of Understanding between the Defense Department and Health and Human Services. So I was involved in that because I was managing these people.

Next, the homeless issue started to develop, and the private sector initiative people became interested. So this was a natural outgrowth—you had our involvement in food and shelter, and then the nonprofit interest developed.

Before I came here I was a County Commissioner and I had some responsibilities in that area. In fact, I would like to take just 1 or 2 minutes to tell you what the danger is if you get too much taxpayers' money directly associated with shelters. I am not talking just about Federal. I am talking about a direct line.

We had probably one of the last two poor farms in the United States, in Colorado Springs, Colorado. It really wasn't a poor farm but it was called a poor farm—it didn't involve work. But we had people that would come there, and we had good people running it, people we were proud of, people who are humanistic and sensitive people who cared about people who were having trouble.

So they come to the community. If it were some lady that was pregnant and had a lot of problems health-wise, she might stay there 6 or 7 weeks. If it was some young person who was healthy, we might give him a meal and let him spend the night and then tell him to move on. This was back in 1981 and 1982.

But we were sued by Legal Services in our county. They said that this is taxpayers' money and everybody should have equal access. So we had to pass an ordinance in which we looked at how much money we had, how we could disperse that money, how we could spread it out. And we had to pass an ordinance which said no one could stay any more than 48 hours in that shelter. So we lost all the humanistic relationships with the people, the sensitivity. And since, the building has been razed, the program is gone.

The county now is subsidizing—the money doesn't sound like much here, but in a county it is quite a bit of money—organizations like the Salvation Army and Catholic charities.

I really think it is important that we don't get a bureaucracy at any level built directly into the homeless issue.

Mr. **Daschle**. Short of a bureaucracy, what do you think would improve things, then? Obviously, a bureaucracy isn't any guarantee that it will improve the situation at all. But if those resources are left at the local level, and if we have cut our revenue sharing—we have cut out a lot of the direct funds that counties have had available to them in the past, what is the impact on the local level? Clearly, more and more of that responsibility is going to fall on their shoulders without the resources that they have had at the Federal level to compensate them in part for the kinds of programs they have utilized.

What could we do?

Dr. **Vieth**. I think the only word that we can talk about in this case is priority. I think this administration developed the block grants and federalism because they felt that with more flexibility people could take existing resources and use them and put them on the priorities that they really needed.

Now, certainly in the beginning, homelessness was a problem because the people didn't understand it. But I think now that you are seeing surpluses in some States and some cities—not all, of course—that that's a potential source of help. The advocacy groups that are out there are more than just a national coalition on the homeless,—they deal with mental illness, health, and housing. All kinds of people coming together.

And if people can look at the block grants and the different programs that already exist, I think that it is possible to really help. I don't think that the Federal Government is in a position, with the deficit problem that everybody is probably getting tired of hearing about, to do more than we are. But the fact is, that there is a lot there even so.

In other words, if someone can be hooked up with SSI benefits, that gives them some income. If they can be hooked up with other things, with food stamps or with HUD, that helps. HUD is freeing up something like $75 million worth of vouchers to try to help the homeless.

You have to remember, the homeless is a constituency that the structure of this country does not necessarily pay attention to, particularly since they don't have any money and they really don't vote. I think that is changing now because of the sensitivity of so many people. And I think the Task Force has been important in this effort.

I think these kinds of hearings are very important to sensitize the public. I think probably the most important thing we can do is to sensitize the public, different organizations, like the veterans' organizations, and the whole realm of nonprofit organizations.

Mr. **Daschle**. Sensitizing, though, can be just another euphemism for lip service.

Dr. **Vieth**. It could be.

Mr. **Daschle**. We have to be very careful that we don't sensitize ourselves into a situation where, after everything is said and done, there is a lot more said than done, which happens too often.

Can you think of a lower priority for county government than helping the homeless? Is there anything that falls below that category at the county level?

Dr. **Vieth**. I think the experience that I have had with any welfare program is you should help those that are most in need. I think the people who are most vulnerable should be helped first, even if that means taking money, such as block grant money, away from middle class programs, if that is the case.

The flexibility is there in different HUD programs. The block grants are available to build, to buy, and to pay for administrative costs for shelters right now. So I think that the local communities and the States have to develop that priority, and direct it that way. I think that is starting to happen some.

Mr. **Daschle**. The impression I have, and for the reasons you stated, is because they don't vote, because they really don't have an active constituency, because so little is known about them, there isn't much sensitivity on the part of policymakers at the local and national level. This whole question has really kind of fallen through the cracks for a long period of time with regard to policy, whether it's priority dollars for whatever. It seems to me if a county commissioner has to make a decision between a road that needs to be built, paying off the local hospital, let's say, for the bills incurred there, or helping the homeless, the homeless will lose. Most likely they are going to do the highway, they are going to do the hospital. If there is money left over they will do the homeless.

That is not an indictment on the county governments, because they have bills to pay and things to do, and that homeless project seems more discretionary than other projects.

Would you not agree with that?

Dr. **Vieth**. I would have agreed with that several years ago, but now I think that the priority is beginning to change. I think that economic development is certainly something that is on the front burner of every community in the United States, to provide jobs. And now homelessness is becoming a related problem.

In Seattle, they have a large group of homeless people. So they are saying to developers if you are going to rip down a single room occupancy hotel, we want to build another one and we want you to pay something towards that. I think that is beginning to happen. They are changing some zoning. They are doing some things like that. I think enterprise zones could be very helpful.

I think it is beginning to happen. So I think it is maybe a little more positive than you paint it.

Mr. **Daschle**. Good.

Mr. **Hunter**. I think, Mr. Chairman, you might look, too, within the local community and the difficulty they have in citing a homeless shelter or any type of homeless service facility, be it a soup kitchen, a mobile food kitchen, an actual shelter. There are few things less welcome. I think you have to get to the scale of an oil refinery or a nuclear power plant to find something that meets more resistance to being cited in a community. Yet, what else do you do with the people?

There are examples in the country of communities who would make it virtually illegal to be homeless in their community. And whatever choice they make in doing that, it is a fact within the community. And yet, who else is going to come into the community to create a shelter in that community when it is something they find not palatable among themselves?

We faced that in supporting one here in Washington, D.C. —and it was very, very uncomfortable. I can well understand what any local community and anyone proposing a homeless shelter is going to have to face in community resistance. And yet, you can't build a shelter a hundred miles out of town just so there is no resistance. But that is where the success is coming, where a community recognizes their own difficulty, finds their own local solution, because I don't know of one that will fit in every community .

Dr. **Vieth**. If there is one absolute—and I know you are interested in the veterans and I think they have got a good thing to talk about—but if there is one absolute, there is no way that you can do anything in any community if that community doesn't want to work with you. And that is an absolute.

I have had experience for 3 years. If the mayor, the city council, and the city commissioners, if they don't want to participate, you have got a serious problem.

Mr. **Daschle**. Then it becomes a question of should someone else take on that responsibility.

Dr. **Vieth**. I don't think it is possible. I don't think that you can force people to put shelters in neighborhoods. I don't think you can force people to put shelters downtown. You are going to be frustrated, but you have to do it the right way, which is the way in which you educate—and I keep using that word—sensitize people—so they care enough to do it. And that is happening. It is happening all over the country.

Mr. **Daschle**. We have kept you too long. Would you do us a favor? Would you give us a summary of your activities? What you have done since 1983—the highlights, the positive things that the Task Force has done—as part of the public record? I think that would be very helpful.

Dr. **Vieth**. Okay.

Mr. **Daschle**. Very good. Thank you both.

Dr. **Vieth**. Thank you.

Mr. **Hunter**. Thank you.

[The information appears on p. 86.]

Mr. **Daschle**. Our next witness will be Mr. Grady Horton, the Deputy Chief Benefits Director for Program Management, accompanied by Dr. Howard Cohn, Dr. Arthur Blank, Ms. Linda Gamboa, and Mr. Edward Green. If those people could come forth, we want to welcome you. We also thank you for waiting as long as you have to testify this afternoon.

I am going to excuse myself for just a couple of minutes and ask Mr. Evans if he will preside. I will be back momentarily. But we are grateful to you for coming this afternoon.

STATEMENT OF GRADY HORTON, DEPUTY CHIEF BENEFITS DIRECTOR FOR PROGRAM MANAGEMENT, VETERANS' ADMINISTRATION, ACCOMPANIED BY HOWARD D. COHN, DEPUTY ASSISTANT CHIEF MEDICAL DIRECTOR FOR CLINICAL AFFAIRS, DEPARTMENT OF MEDICINE AND SURGERY; ARTHUR S. BLANK, DIRECTOR, READJUSTMENT COUNSELING SERVICE, DEPARTMENT OF MEDICINE AND SURGERY; LINDA M. GAMBOA, DIRECTOR, PRESIDENTIAL AND PRIVATE SECTOR INITIATIVES; EDWARD D. GREEN, DIRECTOR, VETERANS ASSISTANCE SERVICE, DEPARTMENT OF VETERANS' BENEFITS, AND STEWART BAKER, HEAD OF ALCOHOL AND DRUG TREATMENT PROGRAMS, DEPARTMENT OF MEDICINE AND SURGERY

Mr. HORTON. Mr. Chairman, members of the subcommittee:

I am Grady Horton, the Deputy Chief Benefits Director for Program Management. I am pleased to be here today to present the testimony on behalf of the Veterans' Administration regarding homeless, unemployed veterans.

My colleagues at the table with me are Ms. Linda Gamboa, the VA's Director of Presidential and Private Sector Initiatives; Mr. Edward Green, Director of the Veterans Assistance Service; Dr. Howard Cohn, Assistant Chief Medical Director for Clinical Affairs, and Dr. Arthur S. Blank, Director of the Readjustment Counseling Service.

Mr. Chairman, I have submitted my remarks for the record, and with your permission, I will summarize it at this time.

Mr. EVANS [presiding]. Without objection, so ordered.

Mr. HORTON. As you are well aware, America has made major commitments to those who have served in our Armed Forces, particularly those who served during wartime. That commitment is reflected in the enormous success the VA has achieved in assisting the Nation's veterans to effectively enter the mainstream of American life. Because available statistics are not comprehensive, we do not know exactly how many homeless veterans there are, nor is there certainty about their precise demographic characteristics. We believe, however, that the numbers would be much larger if not for the programs we administer.

Since World War II, the VA, through the three GI bills, has provided educational benefits to more than 34 million veterans, and nearly 1 million veterans with service-connected disabiilties have received training through the VA's Vocational Rehabilitation and Counseling Program. Few would deny the extraordinary success of these programs.

Direct income support to disabled veterans, through the VA compensation and pension programs, assists nearly 3 million veterans and their families in maintaining economic viability.

Our system of Mental Health Care Programs includes 154 Mental Hygiene Clinics, 60 Day Treatment Centers, 40 Day Hospital Programs, 103 Alcohol Dependence Treatment Programs, and 51 Drug Dependence Treatment Programs.

We estimate that approximately 10 percent of the 650,000 veterans treated annually at VA Mental Health Service's outpatient and ambulatory clinics are classified as homeless, characterized by lack of a fixed address, lack of employment, and/or lack of an available family.

Alcohol or other drug dependence conditions have been identified as significant problems among homeless veterans. To cope with such problems, Congress, by Public Law 96-22, authorized the VA to contract procured treatment and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence disorders. Under this program we have been outplacing from VA hospitals approximately 5,000 veterans annually into non-VA contract community-based facilities with a significant increase in the number of veterans employed full-time thereafter.

A growing number of VA medical centers have expanded collaborative efforts with their communities in response to the need to meet basic health and human concerns of citizens who are unable to cope with the routine demands of daily living.

We have established liaison among medical centers, regional offices, and shelter programs to facilitate referral and provision of services.

As of December 1985, 73 VA facilities reported staff members serving on community boards, councils, committees, and task groups which were addressing the needs of the homeless in their communities.

Much could be said about the many other effective ongoing VA programs which directly or indirectly act to alleviate unemployment and homelessness. For the sake of time, I will mention them briefly. They are: Domiciliary Care, providing shelter and services to approximately 8,000 veterans daily; the Community Residential Care program which currently services approximately 12,000 veterans.

State Veterans Homes, providing under agency grants, domiciliary, nursing and hospital care to more than 12,000 veterans annually.

One hundred eighty-nine Vet Centers, providing community-based outreach and counseling.

Vocational Rehabilitation and GI Bill and other training, with over 500,000 veterans expected to be enrolled in VA training programs during fiscal year 1987.

A Loan Guaranty Program, with over 160,000 home loans guaranteed during the first 10 months in 1986.

Specially Adapted Housing, with 316 such grants made during the last 11 months.

Our Guardianship Program, with over 74,000 legally disabled beneficiaries whose benefit payments are under VA supervision.

I would conclude by mentioning some special current initiatives. The VA, along with other Federal agencies, is represented on the Federal Interagency Task Force on the Homeless. Presently, this agency, with the other members of the Task Force, is participating with the Robert Wood Johnson Foundation in the 8-city model project.

The VA, the Department of Health and Human Services, the Department of Labor, and the Veterans Service Organizations have joined forces for a 10-city model project called "Jobs For Homeless Veterans.

The Readjustment Counseling Service has formed a special task force of selected Vet Center staff to assess homeless cases and develop means to overcome veterans' homelessness.

Multiple Vet Centers are engaged in outreach and networking of community and VA resources for Vietnam-era veterans.

In summary, probably no other segment of our society has had more effort, resources, and skills devoted to alleviating unemployment and homelessness, and the causes thereof, than veterans.

We are proud of our record and plan to continue our efforts to ensure that veterans are gainfully employed and adequately housed.

Finally, the problem of the homeless veteran is but part of a larger societal problem. We believe that these problems require coordinated intergovernmental effort, both at the national and the local level.

That concludes my formal testimony. My colleagues and I stand ready to respond to any questions the subcommittee may have.

[Prepared statement of Mr. Horton appears on p. 137.]

Mr. **Evans**. Thank you, Mr. Horton. I have numerous questions, so I will defer first to Congressman Kaptur.

Ms. **Kaptur**. I have no questions, thank you.

Mr. **Evans**. You referred to the numbers of VA departments and services involved in your efforts on behalf of homeless veterans, for example, the Department of Veterans' Benefits, Department of Medicine and Surgery, Veterans' Centers, social work service, and benefits counselors, just to name a few.

Is there coordination of these efforts, and who is responsible for this coordination, if any?

Mr. **Horton**. There is coordination among the various departments and offices in this as in other matters. There is not a clearcut, overall coordinator of a task force, if that is what you are asking. But I would point out that this type of outreach and cooperation is not unusual between the Department of Medicine and Surgery and the Department of Veterans' Benefits. It is part of our everyday activities. It is part of our routine activity to conduct outreach activities.

Mr. **Evans**. But there is no overall coordination? There is not a task force of the various agencies that were involved here—or departments, I should say—that deal with this as a national problem and as a way of trying to focus the resources?

Mr. **Horton**. I beg your pardon. We do have a member of the Department of Medicine and Surgery and a member of the Department of Veterans' Benefits that serve on the Interagency Task Force.

Mr. **Evans**. There is a Task Force?

Mr. **Horton**. Yes, sir.

Mr. **Evans**. All right.

In New York City, I understand that VA benefits counselors have visited shelters for the homeless and that VA personnel have also visited shelters here in Washington, D.C.

The question is: How extensive is the outreach by the benefits counselors occurring, and what are the results? And how many veterans are receiving benefits for which they are eligible as a result of that kind of outreach program?

Mr. HORTON. Mr. Green, would you like to respond to that?

Mr. EDWARD GREEN. I would like to provide for the record those figures that you asked for. I don't have them available with me at the table. But I would say that in New York, this outreach effort started in 1982 with the participation by the State Department of Veterans' Affairs and the Human Resources Agency of New York City, along with the Regional Office of the Veterans' Administration.

Members of those agencies formed a Task Force that went into the various shelters. I think there were something like 13 shelters for males and 5 shelters for women. This activity was on an ongoing basis, actually on a weekly basis.

Mr. EVANS. Are there other activities like this that have occurred in Washington and in New York going on in other areas of the country? Is that part of the overall program?

Mr. EDWARD GREEN. In 1985, the middle of 1985, we polled some of our offices to find out the level of activity. Mostly the ones here in the East, in the Northeast—Buffalo, New York, Baltimore, Philadelphia. And to varying degrees, the outreach is performed mostly on an information and a referral basis. In other words, we engage in networking with the shelters and the service providers and the communities so that they know that VA has certain benefits and services available.

We have advised our offices to find out the names and the phone numbers, and addresses of those shelters and those providers so that we can exchange information.

Mr. HORTON. Mr. Evans, I think it is safe to say that we have contact with virtually all the shelters in the major cities in the country and most of the other rural areas and suburban areas.

In Chicago, which I left a few months ago, we had a list of all the shelters—and we had contacted many of those shelters.

I would like to point out that outreach is not a new program with us. When I started to work with the Veterans' Administration in 1966, I was enjoined not to solicit claims against the government. In 1967, the Veterans' Administration changed its policy and began extensive outreach efforts to various veterans groups.

At this time, we have formal programs of outreach to eight categories of veterans, including the homeless, the disabled veterans, Vietnam veterans recently discharged, incarcerated veterans, aging veterans, women veterans, educationally disadvantaged veterans, ex-POWs, and the homeless. So we are not new to the outreach business and we are into it to the extent that our resources allow us to do it.

As Mr. Green and others have pointed out, it is primarily a local effort that has to be made. We are in the community. And to the extent that our regional office directors and our hospitals, and our Vet Centers, are able to participate, and where the needs are—we are there.

Mr. EVANS. I understand the stretching of resources and so forth, too, but we would like the statistics if you can provide them to us, because we feel that this particular group of veterans needs specific outreach, and that perhaps it should be required. So, providing those kind of statistics in regarding exactly how many people you have helped and what the results of some of this outreach, I think it would be very useful to the committee, and we would appreciate.

[The information appears on p. 147.]

Mr. **Evans**. The VA Mental Health Care Programs include 103 Alcohol Dependence Treatment Centers and 51 Drug Dependence Treatment Programs. How long are veterans generally required to wait for being admitted to such a program? I have been told it's many weeks. Can you help us with that?

Mr. **Horton**. Dr. Cohn?

Dr. **Cohn**. Yes, I think that there may be a several week waiting period involved with these programs in some situations. I have Dr. Stewart Baker with us if you will permit his coming forward. Dr. Baker is head of the Alcohol and Drug Treatment Programs element. Stewart?

Mr. **Evans**. Doctor, if you will speak right into the microphone.

Dr. **Baker**. Thank you, Mr. Chairman.

Most of our programs do not have waiting lists. Some do, especially those that are located in the larger metropolitan areas. Our waiting lists are, by our own regulation, limited to a 30-day wait. At any time that anyone has been on a waiting list for 30 days, there is a disposition made of the case—a referral to another program or the patient is advanced to the top of the waiting list and becomes the next admission.

Also the list is fluid. If the patient's symptoms are severe, the individual's care is not delayed by a low waiting list number. The veteran comes into the house on the next available bed. When the veteran is in a very active and dysfunctional state, both psychologically and medically, so he is something of an emergency. This finding justifies moving the veteran to the top of the waiting list. Patients on waiting lists are treated in a pre-bed status, such that they are placed immediately into outpatient care in the interim while they are waiting for hospitalization. Also we look for opportunities to place them directly into an outpatient long-term treatment program in lieu of hospitalization.

Last year, we provided over 12,000 outpatient detoxifications in lieu of hospital admissions for such cases.

Mr. **Evans**. All right. Thank you very much.

Does the VA have an official estimate of the number of homeless veterans? Based on your knowledge of the issue, what is your personal estimate of the number if it differs?

Mr. **Horton**. We have no reason to disbelieve the numbers that have been provided by the Department of Labor and the Department of Housing and Urban Development. We think that there are possibly 250,000 to 300,000 homeless veterans. One of the problems that I personally have with that is how we define a homeless person. Today we seem to be primarily talking about the people that are on the streets that are mentally ill, and so forth. I think the homeless also includes somebody who has recently lost his job and is out in the community for a while but otherwise is not disabled—gets another job and goes back to work.

I think the numbers get very mushy according to how strictly you interpret the definition of the homeless.

Mr. **Evans**. All right.

Does the VA support H.R. 5138, the legislation that I talked about earlier when I was first introduced, which would remove the absence of a fixed or permanent address as a reason for denying VA benefits to an otherwise eligible veteran?

Mr. HORTON. I would not see the need for such legislation at this time. We would be happy to study it, Mr. Evans. But we do not require that a person live in a home in order to receive benefits from the VA. You do have to have an address as a matter of practicality in order to get a check. I doubt that any legislation could remove that sort of an impediment as a matter of pure practicality.

But we have checks delivered to General Delivery. We have checks delivered to the shelters. We have checks delivered to friends. We have a direct deposit program. So the mere lack of a permanent address, if you will, is not an impediment to receiving benefits.

Mr. EVANS. You have not studied specifically H.R. 5138?

Mr. HORTON. No, sir.

Mr. EVANS. Could you get us an opinion officially, then, as far as once you have the chance to study it, by letter?

Mr. HORTON. Yes, sir.

(Subsequently, the Veterans Administration furnished the following information:)

The proposed legislation appears to be unnecessary. The absence of a fixed or permanent address is not an impediment to the payment of VA benefits. The VA has no existing policy contrary to the proposed modification to section 3020(a) of title 38, United States Code. We do not use "General Delivery" on post office box addresses, addresses in "care of" others, including family, friends, charitable organizations, or schools, and public and private shelters. We do not encourage individuals to request a check be sent in care of general delivery in a very large municipality.

Mr. EVANS. On page 3 of the prepared statement, you state that "10 percent of the 650,000 veterans treated annually at VA Mental Health Service's outpatient and ambulatory clinics are classifiable as homeless, characterized by lack of a fixed address, lack of employment, and/or lack of available family." That is a total of at least 65,000 identifiable homeless veterans who are receiving treatment from the VA.

Can you describe for me the treatment and services that the 65,000 identified veterans are receiving? Are the treatment and services they are receiving intended to reduce the incidence of homelessness among those veterans? And has the VA adopted a comprehensive strategy to reduce homelessness among these 65,000 veterans or any veteran who is identified as homeless?

Mr. HORTON. Dr. Cohn?

Dr. COHN. The plight of the homeless remains a priority area for the Department of Medicine and Surgery. I would say in response to your question, we have very specific guidelines, or a very specific directive, which involves social work service very heavily. Your question relates to the concept of discharge planning—whether it be from an inpatient or an outpatient program.

I think the essential points are that discharge planning is driven by a medical decision, first of all. It is not driven by case mix models or DRGs, or what have you. It is driven by a clinical decision.

Discharge planning should indeed be thought about, should be initiated actually at time of admission. Discharge planning is also indeed part of this overall study of quality assurance, quality control.

We know that our social workers are networking with a whole variety of community agencies and such. In fact, we have data to suggest that in 73 of our VA Medical Centers such liaisons have already been established. As you know, we have 172 facilities, so obviously, we haven't yet done that or accomplished that in all.

So I think it is through a variety of efforts, multidisciplinary efforts, if you will, heavily involving social work service, networking with the community and identifying the existence of shelters.

I personally have spoken to individuals who indeed have gone into the shelters. And that brings up perhaps a related subject—at least in my mind, and it was addressed very eloquently indeed by Congressman Boner in terms of the nontraditional aspects of this general problem. It is nontraditional both from the standpoint, if you will, of the patient population or the veteran population that we are attempting to serve, and it is nontraditional in terms of the clinical training, or medical training, that we as physicians receive, because we are trained to be responsive and we are trained to be receptive to individuals, obviously, that come to us.

We are not trained to go into shelters or go under trestles, or go where the homeless reside. It is a different concept. It is a different way of thinking. It doesn't suggest that we shouldn't encourage education and training to move in that direction.

I, myself, have personally walked by people on the streets—homeless people. In fact, for many months after coming to Washington for the position I now hold, I did so before I mustered up enough nerve, to approach them. There was a gentleman who was living on the streets, on I Street, very near the VA Central Office, between 14th and 15th, as a matter of fact. Finally one day I asked him how he was doing, and he spat at me.

I think the only point I am trying to make is the nontraditional resistive kind of aspects to the general problem—the barriers that do exist. None of those, however, preclude our working at this enormous problem.

And as I said, at the very outset of my commentary—it is a high priority area for us. Thank you.

Mr. EVANS. Thank you, Doctor.

Now, the veterans' center staffs are particularly skilled in outreach. And there are, as you mentioned, 189 veterans' centers across our country.

How many are providing that kind of outreach to homeless veterans, do you know?

Mr. HORTON. Dr. Blank?

Dr. BLANK. I can't give you a count of how many of the sites are specifically providing outreach for homeless. I can say that we conducted a survey in the first 5 months of this fiscal year and found that a little over 10 percent of our new clients in all vet centers during that period were in the homeless category. Vet centers have been in the business of providing outreach, counseling, and referral services to homeless veterans since the first ones opened in major metropolitan areas in 1980.

Our efforts in this area have been increasing, we think sharply, in the last fiscal year. As a matter of fact, the specific information as to the number of sites and the types of programs being provided is something which we plan to gather in the second survey which we are going to conduct within the next few months.

We would be happy to provide that when it comes forth.

Mr. EVANS. All right, thank you.

At this point let me ask minority counsel if he has any questions of this panel.

Mr. WILSON. Mr. Horton, one of the witnesses today will testify that one of the problems that you had with outreach is that you have had a great decline in the number of veterans' benefits counselors. Would you speak to that subject?

Mr. HORTON. Since 1981, we have had a reduction from approximately 1,400 to approximately 883, as I recall, veterans' benefits counselors. Those numbers have taken place because of declining workloads and increases in our productivity. Whether those workloads were exactly in proportion to the reduction in our business, I will leave as part of the budget process to judge.

We went from approximately 960,000 veterans and beneficiaries receiving Chapter 34 benefits in 1981 to about half that number today. A great deal of our veterans' benefits activities are in the area of servicing the Chapter 34 program.

So there has been a decline in our workload and a corresponding decline in the number of our veterans' benefits counselors.

Mr. WILSON. The Veterans' Administration annually puts out a pamphlet called IS-1, which is an information booklet. The number of those that have been printed has been rather drastically reduced for this year.

Why is that?

Mr. HORTON. That also was a budgetary decision. That pamphlet, which is put out by Consumer Affairs Division, is a very useful pamphlet. It is, however, expensive to publish and there are other substitutes for it. For example, there is a benefits summary sheet which is much less expensive to produce and should give enough information about our programs to at least raise in somebody's mind enough of a question of their entitlement that they could pick up a phone and call us or stop in one of our offices.

Mr. WILSON. Do you have any analysis as to whether or not that booklet was used by homeless veterans?

Mr. HORTON. No, sir, I don't.

Mr. WILSON. Dr. Blank, how do you participate in the Task Force? Are you involved in it?

Dr. BLANK. There may be some confusion between the various elements here. I personally do not participate in the Interagency Task Force. We do have a special task force within the Readjustment Counseling Service, which met for the first time in May of this year, to deal with the problem of homeless veterans who are now being seen in vet centers.

Mr. WILSON. I understand, Doctor, that there is a white paper that has been written in your service about the homeless veteran problem.

Dr. BLANK. Yes, sir.

Mr. WILSON. Has that been issued?

Dr. Blank. That was a white paper for the Chief Medical Director. And I think it may have gone, or at least have been requested by the VA Advisory Committee on Vietnam Veterans. That is the only distribution I know of at this point.

Mr. Wilson. Would you anticipate that you could furnish that for the record for the committee?

Dr. Blank. Be happy to.

[The document appears on p. 152.]

Mr. Wilson. Thank you, Mr. Chairman.

Mr. Daschle [presiding]. Thank you.

Mr. Horton, I apologize for having missed the bulk of your statement.

You are the representative on the Interagency Task Force; is that correct?

Mr. Horton. I am? No, sir.

Mr. Daschle. Who is?

Mr. Horton. Ms. Linda Gamboa.

Mr. Daschle. Ms. Gamboa—okay.

Ms. Gamboa, how many times have you met this year as a Task Force?

Ms. Gamboa. The Federal Interagency Task Force meets biannually or more often as they need to meet more often. In addition to that we have met with regard to the Robert Wood Johnson Foundation initiative. So we have had more than our biennial meetings this year. We are in constant touch with each other on many aspects of homelessness including a year-around nationwide food drive program and the coordination of services to shelters.

Mr. Daschle. The purpose, of course, is coordination.

Ms. Gamboa. That's right.

Mr. Daschle. Would you say that as a result of the Task Force's effort, you have seen more coordination than you had before?

Ms. Gamboa. Yes, I do—both among Federal agencies and within the VA. As a matter of fact, when the Federal Interagency Task Force meets, appropriate departmental representatives accompany and participate with me in the meeting.

As a spin-off from the Federal Interagency Task Force meetings we have also participated in such things as the National Mental Health Association conferences. So we do a great deal of sharing of information—and many people know the good things that are going on within the VA.

I think that as a result of our participation in the Federal Interagency Task Force, the VA has also had more coordination of issues that have to do with homelessness.

Mr. Daschle. We were told earlier that the Task Force has identified 70 Federal programs that can be used to help the homeless. How many of those programs are veterans' programs?

Ms. Gamboa. I don't have that number. I don't know what 70 they are talking about. I could get that list from them and identify the veterans' programs from that.

I know that the most recent one that I recall is an initiative in Lawton, Oklahoma where a shelter organization was attempting to buy a house that was a repossessed VA house. The VA and the Federal Interagency Task Force were very much involved in assisting with that effort—and they did acquire that house through block grant funds for the use of a shelter.

Is that what you are talking about?

Mr. **Daschle**. We will ask Dr. Vieth in writing to make sure that those 70 programs are identified for the record.

[The information appears on p. 227.]

Mr. **Daschle**. But let's assume that some of them may be administered by the Veterans' Administration.

Are there programs that you think can be provided by the VA directly for the homeless that really have not been afforded the complete access to veterans at this time?

Ms. **Gamboa**. I am afraid I really don't understand the question.

Mr. **Daschle**. Are programs available that, because of lack of resources or lack of outreach, are not reaching the homeless veterans?

Mr. **Horton**. Mr. Daschle, I think that that is correct in the sense that we have resources that are available to veterans and to the homeless veterans that are not used, and that they could take advantage of. I think there is no question about that.

Is that the thrust of your question?

Mr. **Daschle**. Yes.

Mr. **Horton**. Whether that we can reach those veterans and get them in to use our programs is another question. Perhaps Dr. Blank would like to respond to his experience as to how we do this.

Mr. **Daschle**. It is only for informational purposes. I have to say that our committee is only beginning to look into this. So I certainly can't expect that the VA or any one of the other agencies has taken a leadership role. We all have to work through this thing together. And if we are failing, the fault is to be placed, I think, at all of our feet.

I asked Ms. Gamboa to support the statement made earlier about the 70 programs—and I don't care whether there's 40 or 70 or 90, it doesn't make any difference. But you did say there's better coordination. I guess what I am trying to gain is a better appreciation of where that coordination exists and whether or not within the VA itself, as a result of that coordination, there is a greater effort to find the homeless, to provide services to them, and a real analysis as to whether or not resources are adequate to do so.

Mr. **Horton**. I think Dr. Vieth and Congressman Bill Green both hit on something that is paramount here. There is a focus on the community involvement here and the traditional programs that we provide. I guess in one sense of the word you would say that if traditional programs worked 100 percent that we wouldn't have any homeless veterans, because we have a traditional program that aims at every one of those targeted groups.

Now, the word bureaucratic that I am using now, I don't mean to be prejorative. Every one of those programs has entitlements and requirements, and so forth, connected to them. So there's certainly some of those homeless out there that even if we reached them we might not be able to serve.

But the real answer to this thing, it seems to me, is to develop the necessary tools to find out how to get this done because I don't really believe—in Chicago there were homeless people a block from the Regional Office. In fact, they would come into the Regional

Office and use our restrooms and watch the television. I don't believe that a lack of a VA facility was the cause, of their problems.

So I think that it takes something more than that. I think what you have to have is the type of pilot program that is being developed by the foundations, by the Department of Labor. I think we need to know more about how to reach these folks.

Our vet centers are a nontraditional approach to reach veterans in the streets that are homeless and otherwise. I heard our Vietnam Vet Centers being described as sterile the other day. Coming from my traditional environment, that is the first time I had heard a vet center described as sterile.

We have made these efforts to reach veterans and we need to do more. But I don't think it is merely a matter of putting more emphasis on the type of outreach. I think we have to have some other program in order to motivate and move these folks into our programs.

Mr. **Daschle**. Thank you again, Mr. Horton.

Marcy, did you have any additional questions?

Ms. **Kaptur**. No, I did not, Mr. Chairman.

I just wanted to thank them very much for their testimony and for the leadership and the interest that the Veterans' Administration is giving to this. We certainly would like to see more. I look forward to receiving some of the information that I asked for of the previous witness as far as some of the examples—the thousand examples around the country of where those joint ventures had been struck and the types of initiatives that the VA thought were the most significant in meeting the need.

But I want to commend the VA on continuing the outreach and hopefully we will be able to teach people in other sectors, learn from the experience of the VA in serving in this very important effort in reaching out to the homeless.

Mr. **Daschle**. Thank you.

Minority counsel has an additional question.

Mr. **Wilson**. Dr. Cohn, it has been inferred by several people who will testify later, and by some of those who testified earlier, that some discharges from psychiatric hospitals were driven by DRGs. It has also been stated that with respect to Medicare and Medicaid that they exempt psychiatric patients.

Would you please comment on that overall problem?

Dr. **Cohn**. There are two parts to your question, sir, and I will try.

Yes, the number of patients, in terms of inpatients, has reduced over the years. But I think this represents, reduced lengths of stay, better clinical practice, and actually increases in numbers of patients referred to alternative forms of care, lesser levels of care, if you will, than inpatient care, for example, the outpatient clinics and the contract homes that Dr. Baker addressed.

So, I think you have seen a reduction and I think it has been a positive element. We have not discharged people to the streets. The accusation, or the allegation, is that the VA has literally dumped—using that pejorative word—and I think that is false. I think there is absolutely no evidence for that allegation. That may tend to work in the converse, but I don't think that has happened.

As far as the Medicare pass-through, my response to that would be yes, that is the practice with Medicare. On the other hand, we feel that we have a better defined patient base in which to include the psychiatric patient in the RAM models and the resource allocation models.

But let me emphasize, as I did in response to an earlier question—clinical decision-making drives discharges, not DRGs. Moreover, there is no central decision, no VACO decision, or directive, which in any way develops the concept that you shall discharge a patient based on a DRG trim point. It is a clinical determination.

I was a chief of staff in one of our field facilities for over 6 years. It happens to be a hospital that had a large neuropsychiatric patient caseload.

I do not believe that we ever discharged a patient "to the streets". We did occasionally have to actually retain the patient, although he or she may have been retained at a higher level of care, thus creating a more costly situation than might otherwise have been the case.

Now, to return to your point about Medicare—they are proposing a study to be conducted relating to possible case mix models, other than DRGs which might be applied to psychiatric patients. I understand several millions of dollars are going to be applied to that study.

We don't have those resources. I would say, however, that if anything positive emanates from that study, we certainly would be interested. I cannot speak for our entire department but I feel quite at ease stating that if something indeed does come out of that study suggesting that we are using the wrong model, I believe that VA would change it.

Mr. WILSON. Thank you, Doctor. Thank you, Mr. Chairman.

Mr. DASCHLE. Thank you all very much, appreciate your coming today.

Our next witness will be the Honorable Don Shasteen, Assistant Secretary for Veterans' Employment and Training, accompanied by Mr. Eric Rudert, Program Specialist, Office of Veterans' Employment, Reemployment and Training.

Don, once again we want to thank you for coming. We welcome you to our subcommittee. As always, you are one of those witnesses with whom we enjoy an exchange of ideas and from whom we have always learned a great deal. We are grateful to you for coming this afternoon, for spending the time you have. Staff informs me that of all the agencies of government currently dealing with this issue, your office in particular has perhaps done more. I am pleased to hear that. I am delighted that you have taken the interest you have, and we invite you to proceed with your testimony as you see fit.

STATEMENT OF DONALD E. SHASTEEN, ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR, ACCOMPANIED BY ERIC RUDERT, PROGRAM SPECIALIST, OFFICE OF VETERANS' EMPLOYMENT, REEMPLOYMENT AND TRAINING

Mr. **Shasteen**. Thank you very much, Mr. Chairman. It is a privilege once again to be here and have the opportunity especially to address this issue.

I have submitted my formal statement for the record. It is replete with statistics. With your permission, I will just proceed to summarize sort of where we are coming from.

Mr. **Daschle**. Thank you.

Mr. **Shasteen**. First of all, homeless people have become excruciatingly visible in our communities in the last two decades. A large number of these people are men and women who wore the uniform of this country, rendered military service to America when she was in need. And it is especially painful to see them now groveling, in need themselves, for meals to survive, clothing to keep warm, a place to sleep on a park bench or in a temporary shelter.

From a potpourri of Federal, State and local studies, we believe conservatively that half a million or more veterans spend time each year living on the streets. As many as 100,000 of them are on the streets on any given night, and 35,000 of them have been homeless for 1 year or more. This is a compilation of general results from a variety of studies.

Many of these veterans are struggling with physical ailments, mental illness, or addiction to alcohol or drugs. The tragedy is not simply that they are homeless, but they are not accessing many financial and rehabilitation services to which they are entitled—either because they are incapable on their own of doing so, or because we haven't figured out effective ways of reaching them through the systems designed to provide those services. In short, these veterans need help. They deserve help. As a Nation, we morally owe them the help, or at least the effort to reach them and offer it to them.

Perhaps most important to them and also to society as a whole, we need them in this expanding economy—if not immediately, certainly within the next few years.

Secretary Brock has pointed out repeatedly, based on Bureau of Labor Statistics projections of the changing work force in relation to the needs of the economy, that the Nation is skill-short today, and will be people-short in a few years.

So it is important to every human being to know that he or she is wanted. Our project combines government and private resources with a heavy mix of volunteerism to reach out to homeless veterans, to let them know that they are not only wanted, but needed. And to help them to make the decision to do something to improve their lives.

In our relatively brief period of assessing the homeless veteran problem during the past year and a half, we have found many individuals and agencies enthusiastic about the need to help, but frustrated by the inability to break the cycle of homelessness. The one factor that seemed to be missing in the equation, the bottom line that is so important to every American, is the need for a job. For those who are sick, we know they cannot get permanently well until and unless they have jobs—something productive to do.

If they don't have a job at the end of their rcovery, or as a part of it, the process of physical and mental rehabiliation becomes a revolving door—it opens back onto the streets where they stay until they perish.

By injecting the reasonable prospect of a job in the cycle, we believe we can alleviate human suffering, save lives, and at the same time, improve the ability of America and Americans to compete in the world market—a major goal of Secretary Brock and his administration at the Department of Labor.

Mr. Chairman, there are naysayers who tell me it can't be done. They say these people are hopeless because they are helpless. Those of us working on this project, in public and private organizations, including the veterans' organizations that have agreed to participate, are yes-sayers. We believe there is hope, where there is help and a willingness to try.

We are dedicated to giving it our best effort, because the people who need help are people who answered the call when America needed help.

In conclusion, Mr. Chairman, with your and the committee's permission, I wish to strike from the record the last paragraph of my prepared testimony, submitted to you earlier and enter into the record a more positive statement, the following, as substitute language:

Mr. Chairman and members of the committee, we are certainly aware that this project is a difficult undertaking. But no matter how difficult it appears or turns out to be, it will be exceeded by our commitment to reach out to these veterans and try to bring them home.

We are especially grateful to those agencies and organizations which have vowed to work with us, and we respectfully ask your and everyone's enduring support in this effort.

Thank you and I will be glad now to try to answer any questions.

Mr. **Daschle**. Thank you, Mr. Shasteen.

Without objection, the formal testimony, as you submitted it, will be correctly altered.

[Prepared statement of Mr. Shasteen appears on p. 155.]

Mr. **Daschle**. Marcy?

Ms. **Kaptur**. Thank you, Mr. Chairman.

I must say, I was very impressed with—I was reading through your formal testimony as well, Mr. Shasteen, as well as your verbal. Could you give us the benefits of your experience a little more specifically? As you have worked with these programs with HHS and the VA, you have dealt mostly with job and employment programs; am I correct?

Mr. **Shasteen**. Yes, that is correct. We have worked very closely and we have had a lot of good help from HHS, from VA. We are getting it now from ACTION—they are interested. They called us, in fact, and wanted to participate.

I actually became interested in this about a year and a half ago when a DVOP, Disabled Veteran Outreach specialist, in the downtown Denver Metro station, at a training conference started talking about his experience early in the morning, going out under the bridges of Cherry Creek through downtown Denver, and waking up some of these people, asking them if they were veterans, offering to help them. He had an arrangement with a local contractor to hire anyone for day labor who was referred by this DVOP. So he would talk to them, counsel them, try to get them interested in doing something about their problem. And he would say to them, I have got a place for you to work today and earn some money, and I will help you find a place to get a room and put some bread on the table until you can get on your feet and get a job. I was impressed with that.

That young man today—himself a Silver Star veteran from Vietnam—is our Assistant State Director in Denver, and has been involved in our project in Denver. He asked me, when I was at that training conference with him about 1½ years ago, to come out and visit some of these people with him, and I did. I visited what was called the Cherry Creek—they called it the Cherry Creek Hilton.

The morning that I was there in June, there were a couple of hundred people sleeping up under the bridges that crossed Cherry Creek, back under the pavement in spaces that were especially warm in the winter, because as I understand it, they heat the pavement on the bridges, or the approaches to the bridges, to melt the snow.

So that is where I became interested and where I learned that it is possible to accomplish something if you try—because this young man certainly was doing it.

Ms. **Kaptur**. I was trying to find in the testimony—well, it was actually the study that was done, the single State study—Homelessness in Ohio—and there were some charts in here which I am having trouble locating. Here—the reasons that people are homeless and the top number one, almost half of the respondents of those that were surveyed indicated because they could not find work; another 20 percent because they were disabled and, therefore, could not find work. So that is fully near three-quarters of those that others didn't want to look for work, or they were planning to look for work.

So the employment issue is so central to all of this, I am impressed with your sensitivity and willingness to really have staff that act as missionaries almost and go out there and deal with people one-on-one.

Mr. **Shasteen**. We have that responsibility under the DVOP program of real outreach—going out and looking for the veterans of this type who need help.

The problem in the large metropolitan areas is that our DVOPs are so busy dealing with those who come to the local job service office, that they don't get an opportunity to go out and do the amount of outreach that is needed—actually going out and looking for these people and bringing them in.

So our project in these 10 cities is to try a new approach that would bring them into the system. And in the 10 cities that we have selected, we are going to provide $25,000 for each city program. It is a $250,000 project nationwide. We will offer to the city or the county, or through the Job Service, with our people negotiating an arrangement—we will offer $25,000 which we will ask them to match with private funds, local funds or other Job Training Partnership Act funds if they have them in Title 2 for the economically disadvantaged—but match those funds and hire in each city a cadre of three persons who have been—three veterans, preferably disabled veterans—who have been on the streets; who have lived on the streets, and either have worked their way out somehow—maybe they had help—or are just about at the point where they need a job to prove that they can make it.

We intend to urge these cities to put these cadres together—these three persons, this task force in each city—and go out and work the streets and persuade others who are there who are like-minded to come out and come into the system. If we can bring them into the system that way, we think that we can do some good.

Ms. KAPTUR. How do you deal with the issue in a place like Boston where the unemployment rate is very low and you can probably place people? How are you going to deal with a city like Detroit or Cleveland, or wherever, where your unemployment rate is still very high? How in the world?

I know even in my city of Toledo, we have—like you talk about the DVOP people who are more involved with the veterans coming in wanting a job, and there aren't enough jobs on the list, what do you do in those situations for this harder-to-employ group?

Mr. SHASTEEN. It is not easy, especially in a city where you have high unemployment.

We are going to ask the veterans' organizations—we have already asked the veterans' organizations—to be very helpful in this regard. We are going to ask each local post, if you will, to sponsor a homeless veteran. In other words, help us. We will bring them out, but once we get them out, once we get them into the system, they can help us guide that veteran, help meet the financial needs that he or she has until we can get them into a job. But bear with us, we know that if we try hard enough, if we work hard enough and long enough, it can be done.

Ms. KAPTUR. Thank you. Thank you, Mr. Chairman.

Mr. DASCHLE. Thank you, Marcy.

In the interest of time, I think I am going to limit my questions, Mr. Shasteen, to the project that we had the opportunity to see firsthand in Denver when I was there some months ago. The Colorado Veterans Partnership Group, which is partially funded by JTPA funds, describes its goal a group effort to facilitate the quantity and quality of services to Colorado veterans with part of their program devoted to homeless veterans.

I was extremely impressed with the way the group was working and with the kind of success that I thought they were having.

How do you see groups like that—the approach they are using? Are you satisfied with that kind of approach to this problem? And do you see this kind of an effort taking hold in other parts of the country as well?

Mr. SHASTEEN. Yes, sir, that has been, in my judgment, a very effective program. We put slightly less than $100,000 into the project. The veterans organizations, all of them, are participating in it. They teamed up, they hired an executive director, but as part of the Employment Service outreach system. In other words, the grant actually went to the Employment Service in Colorado, and through that system the veterans organizations were brought together.

During the first year of that project, we just received the report, they have put 302 homeless persons in jobs. They provided others with referral services—referral to VA facilities, health care facilities, training facilities. They referred more than 400 in this manner, and they serviced a total of about 1,200—a little more than 1,200—homeless veterans during that year.

So we feel that on top of the other things that the Employment Service is doing, when they really concentrate and get help from community-based organizations that have an interest, that have a desire, that have a sensitivity, which the veterans organizations out there certainly do have, they can be very effective.

Mr. **Daschle**. Are projects similar to that being developed anywhere else in the country?

Mr. **Shasteen**. That was a pilot project, Mr. Chairman. We are hopeful that after a year, the groups that are participating would become aware that it was such a good way to operate that they would pick it up and carry it at the local level, that the veterans organizations themselves would put some funding into it to make it a continuous, permanent local project.

We have currently indicated that we will extend that project in Denver, pending their decision on how to utilize the $25,000 that we will be offering to them in the new homeless program. And, once again, we hope that we don't have to be permanently involved. We hope that we can lead the way, point the way, provide some initial seed funding, if you will, and get the groups out there to pick it up from that point on.

Mr. **Daschle**. Thank you very much, Mr. Shasteen.

Does minority counsel have questions?

Mr. **Wilson**. No, sir.

Mr. **Daschle**. Marcy?

Ms. **Kaptur**. No, thank you, Mr. Chairman.

Mr. **Daschle**. Thank you for your time. I appreciate the information.

Mr. **Shasteen**. Thank you very much.

Mr. **Daschle**. Our next witness will be Ms. Maria Foscarinis, the Washington Director of the National Coalition of Homeless; and Mr. Thomas Bird, who is the Director of the Vietnam Veterans Ensemble Theatre Company, accompanied by Mr. Bill Cooner.

Members of the panel, we are pleased you are here. We appreciate your waiting so long to participate. We are grateful to you for giving us some of your time and your insight.

Ms. Foscarinis, we will start with you.

STATEMENTS OF MARIA FOSCARINIS, WASHINGTON OFFICE DIRECTOR, NATIONAL COALITION FOR THE HOMELESS; THOMAS A. BIRD, DIRECTOR, VIETNAM VETERANS ENSEMBLE, ACCOMPANIED BY WILLIAM COONER

STATEMENT OF MARIA FOSCARINIS

Ms. **Foscarinis**. Thank you, Mr. Chairman. I usually have trouble with my last name but this time there is an exception and I am having problems with my first name. It is Maria Foscarinis. I am the Director of the Washington Office of the National Coalition for the Homeless, which is a federation of organizations from some 40 cities around the country. Our guiding principles are simple ones in a society that calls itself civilized, all persons should have the basics necessary to survive: adequate food and decent shelter.

Before I begin, I must emphasize the urgency of the issue before you. It is important that the committee is holding this hearing. I applaud that, and am glad that the National Coalition for the Homeless was invited to testify. But I must note that several other congressional hearings have been held over the past 4 years. Thousands of transcript pages have been filled, a multitude of studies have been conducted. Yet, the homeless population continues to explode.

As witnesses testify, as I, Mr. Chairman, drone on, other homeless Americans continue to suffer. Homelessness is not a mysterious problem. It is a problem that is capable of solution, and it is time that the members of our Federal Government take a stand on the issue and take action.

Mr. Chairman, homelessness among veterans is merely one example of a growing national catastrophe that is no longer constrained by demographic or geographic barriers. Today, in the richest nation on earth, an estimated 2 to 3 million men, women, and children are going without the basics. And as homelessness spreads its geographic reach, suburban and rural areas as affected as well.

The homelessness that we see daily on our Nation's streets is a visible and growing reminder that all is not well in America today. It is a reminder that as the President extols the sanctity of the family, children are going without a bed to sleep in.

It is a reminder that as the President tells us that "America is back," many Americans are engaged in a primitive struggle for their very survival.

And it is a reminder that as the President forms policy in the name of "patriotism" and a strong defense, thousands of American patriots—veterans—have been abandoned to the streets.

Homelessness among veterans must give us special cause for alarm. Men and women who once served their country now stand condemned to wander the streets—outcasts in their own land. Men and women who returned from combat, often broken in body or in spirit, now face the betrayal of broken promises. Perhaps one of the most highly regulated segments of the population, homeless veterans have found no refuge in the Veterans' Administration panoply of programs promised to compensate veterans.

The National Coalition for the Homeless has collected substantial data on homeless veterans across America. A sampling of that data reveals that, for example:

In Milwaukee, 28 percent of homeless men and women surveyed are veterans.

In San Francisco, 31 percent are veterans.

In New York City, 32 percent are veterans.

In Ohio, 32 percent are veterans.

In Detroit, 36 percent are veterans.

In Phoenix, 46 percent are veterans.

In Los Angeles, 47 percent of homeless men surveyed are veterans.

In Baltimore, 51 percent.

Overall, based on these figures, approximately 15 percent of the homeless population nationwide consists of veterans—a total of a quarter to a half million men and women.

The reasons for this are not mysterious. With very few exceptions, homeless persons do not choose to live on the street when decent alternatives are available; rather, homelessness is the result of government policy choices, and the causes of homelessness among veterans parallel the causes of homelessness in general.

The scarcity of low-income housing is the most significant cause of today's homelessness. It is important to note that since the 1930's, the Federal Government made a substantial commitment to provide affordable housing for the Nation's needy. That tradition has now been abandoned.

Since 1981, Federal housing programs have been cut over 60 percent. At the same time, gentrification has caused the private housing market to shrink. As a result, poor persons have literally been squeezed out of the housing market. Primarily, people are homeless because there is no housing for them, because they have no homes.

Unemployment contributes to, but is not the sole cause, of homelessness among veterans. A significant number of homeless veterans are in fact employed. Yet, the unskilled jobs that they often are forced to take do not pay sufficient wages to meet the high rents that even squalid living quarters now command. So at the end of their workday, these homeless veterans must return to the shelter or to the streets.

For those veterans who are unemployed, several reasons contribute to that. Many unemployed veterans are able and desperately want to work but are simply unable to find jobs. Often lacking skills or training, they are at the bottom of the ladder in competing for jobs. Inevitably and significantly, homelessness worsens their position.

Unable to secure the basic resources necessary to present an appropriate appearance, homeless veterans are even less able to compete.

Finally, I would like to address the issue of deinstitutionalization. It is true that about 30 percent of the homeless population, as we heard earlier, is mentally ill. But the assertion that deinstitutionalization causes homelessness is a myth. The deinstitutionalization movement was premised on the assumption that many mentally ill persons can do well in the community with adequate support. Deinstitutionalization occurred, but the support never materialized. That abandonment to the streets without support is the cause of homelessness among the mentally ill.

Veterans are a good example of this. We must presume that they were mentally sound when they entered the service—yet some returned mentally ill. Yet, many of those veterans either received no treatment or were hospitalized and discharged to the street. Again, the problem is a lack of adequate support.

I would like to give the committee a few examples of who some of America's homeless veterans are:

Jesse Carpenter, a decorated World War II veteran who succumbed to exposure in Lafayette Park, just across the street from the White House.

A mentally disturbed veteran living at the capital's largest shelter for homeless men—the last time I saw him—who is unable to adjust after a stint in Vietnam; was treated in a VA hospital until his claim for benefits was denied and he was discharged with the VA's knowledge to a shelter. Since then, he has been unable to hold a steady job.

Garfield Hawkins, a veteran of the Korean war, who is anxious to find a job. He is a resident of a shelter. He has no facilities to wash his clothes, inadequate facilities to bathe, and lacks even a mirror to shave in the morning. Lacking these basic amenities that most of us take for granted, he finds it impossible to maintain an appropriate appearance for job interviews.

Lastly, Walter Throckmorton, a 61-year-old veteran of two wars, who, the last time I saw him, was living on a park bench and otherwise spends his nights and days in the streets, or in makeshift dwellings such as the floor of a hospital men's room.

These are just a few examples.

I have personally spoken with many homeless veterans and inevitably the message I receive is the same—it is a cry of protest and a cry of betrayal. It is also an urgent wish to nevertheless go on, to get a job and to somehow, in the words of one homeless veteran, "get back on my feet."

The response of the Federal Government to this growing crisis has been almost uniformly negative. As I think Dr. Vieth knows and would agree, his agency is neither authorized nor funded to take any real action to alleviate homelessness. Indeed, given the official position of the task force that homelessness is not a national problem at all, it appears futile for us to hope for any assistance from that quarter.

Perhaps the most egregious failure of the Federal Government, however, is its failure to enforce existing Federal programs designed to assist veterans. For example, many veterans now living in shelters, on the streets, or in abandoned buildings are entitled to, but are not receiving job training and education benefits, which, if made available, could break the cycle of homelessness .

The VA statute specifically provides for outreach. Yet, the VA today has no policy at all of outreach to homeless veterans. In addition, the VA has a program of State Homes and Domiciliary Care which provide food and lodging to poor veterans in need of low level institutional care. Yet, for the country's 28 million veterans, there are fewer than 24,000 beds in such facilities across the country. If the Federal Government is serious about addressing the plight of homeless veterans, it is imperative that these programs be expanded.

Finally, homeless veterans may be prevented from receiving benefits because of permanent address requirements that are improperly imposed by local VA offices. The VA should specifically instruct its local offices not to impose such requirements.

The Homeless Persons' Survival Act, H.R. 5140, is comprehensive Federal legislation designed by the National Coalition for the Homeless, to address homelessness; it also contains a section on homeless veterans. It contains a section which has been introduced also as a separate bill—H.R. 5138—which specifically prevents permanent address requirements to be imposed on homeless vets. I call upon this committee to add their names as cosponsors to that measure and to H.R. 5140 as a whole.

In closing, I would like to say that it is offensive that the Federal Government allows a single veteran to remain homeless. It is imperative that the VA develop immediately a comprehensive outreach, shelter and assistance program for homeless veterans. The Federal Government knew how to find these young men and women when it wanted to put uniforms on their backs. It should use the same resources and energy to locate and assist the growing numbers of veterans who now are homeless on the streets of our Nation.

Thank you.

[Prepared statement of Ms. Foscarinis appears on p. 163.]

Mr. Daschle. Thank you very much for a very thorough and insightful statement. You obviously speak with a great deal of frustration. I am sure that this isn't the first time you have testified.

Ms. Foscarinis. That is correct.

Mr. Daschle. Nor is it the first time you have been asked to give your view of Federal programs and as they relate to the homeless. I think this is probably the first time you have been asked to speak with regard to specific veterans' homelessness and the problems that are related before this committee. We are grateful and we appreciate the kind of sensitivity that you bring to this issue.

Mr. Bird?

STATEMENT OF THOMAS A. BIRD

Mr. Bird. I would like to thank you, Chairman Daschle, and the subcommittee for inviting myself and Mr. Cooner here today. And I would like to congratulate you on holding these hearings—they are very important.

I would like to read an edited statement other than the one that was prepared for the record. I was also told the emphasis today was on employment and homeless veterans so I basically structured my statement to deal with veterans, Vietnam veterans specifically, and hopefully some way of employing them.

I am the founder and producer of the Vietnam Veterans Ensemble Theater Company of New York. We produce theater, documentary films, and feature films. We also tour a variety show to veterans' hospitals and New York City shelters for the homeless. I am not an expert. I speak from personal experience.

I first became aware of the plight of the homeless veterans, especially homeless Vietnam veterans when the columnist Muarry Kempton of Newsday wrote a column on Veteran's Day 1982. He ended his column by pointing out there was an estimated 10,000 homeless veterans in New York City. He said no one knew how many of them were Vietnam veterans. That was 4 years ago.

I was shocked about this. I decided VETCo had to tour the city shelters. Our first tour was in January 1983. The conditions in most shelters were rundown. The number of homeless veterans we met on the average was one-half of the audience, with one-third of the audience being Vietnam veterans. An average audience was 150 men per show.

At the end of the year, Mayor Koch gave us an award for bringing entertainment into dreary and frightening shelters for the homeless. That was how the Mayor's office described the city shelter system at the time.

It was on the 1983 tour I met Mr. Cooner, who is with me today. Mr. Cooner is a Vietnam veteran, a skilled photographer, a poet, and was at the time, homeless. He was living in the Ward's Island Men's Shelter. It was through my relationship with Mr. Cooner that I became aware of the complex problems facing the homeless veteran.

Since 1983, we have toured nine diffeent men's shelters, two women's shelters, and performed a total of 48 shows.

Conditions in the shelters have improved, but the number of homeless has increased dramatically. I am only a witness to what I see. I am not an expert or a statistician, but one thing remains constant in my observation: On the average, one-third of all audiences in the men's shelter system in New York City are Vietnam veterans.

Through Mr. Cooner, and in discussions with veterans in the shelters, I am aware that most have had jobs, have lost them, many had CETA jobs. They have lived on unemployment for sometime, have lost their apartments, lived with friends, and then went to the streets.

The downward spiral is incredibly demeaning and robs the individual of his self-confidence and self-esteem. He becomes very disenfranchised. Compounding this is the fact that for the Vietnam veteran who comes from the lower class in New York City, his faith in America, which has been shocked severely once, is now shocked again.

All about him he sees the growing affluence of the city and America. He sees the growing military. He hears that we are number one and we are standing tall. He hears of parades. He hears praise for Vietnam veterans, and where is he? He is stuck in the quagmire of the homeless shelter system. He needs a job but first he needs some personal attention and counseling.

My experience with Mr. Cooner and a couple of other homeless Vietnam veterans is that a Big Brother type approach works. These men need a hand reentering society. They need to get over the shelter syndrome. They need to be helped to feel worthy and welcome. He needs employment but he also needs self-confidence and self-esteem.

In keeping with President Reagan's volunteer program and the organization within the Republican National committee mandated to carry it out, the Working Partners, I think a program where employers are encouraged by the Working Partners to hire homeless Vietnam veterans and also act as a Big Brother could work, especially through the efforts of the Department of Labor, the Veterans' Administration, and the veterans' organizations. You could call this program the Uncle Sam program or you could call it the Homeward Bound program.

In fact, after the Civil War, which is often referred to as being as divisive an experience in American history as the Vietnam war, the Confederate soldiers who returned home, often returned home to no home—and the expression was given that they were homeward bound. And a shortening of homeward bound created the word "hobo," and we now have this legacy of the expression "hobo" in our society and oftentimes people look at homeless people, people living on the streets, and call them hobos. Well, maybe we should a program like this Homeward Bound.

There are many good men among the homeless population. They need a job, but more so, they need to feel welcome, wanted, and worthy again.

The big metaphor in Vietnam was "waste." One wasted time, one wasted the enemy, one burned human waste, one's budies got wasted.

I am sure all of you on the Committee of Veterans' Affairs want no more waste. Let us hope that the waste of the talent, manpower, and human potential of the homeless Vietnam veteran is brought to an end thorugh a program of counseling, caring, and employment.

Thank you.

[Prepared statement of Mr. Bird appears on p. 174.]

Mr. **Daschle**. Thank you, Mr. Bird.

Mr. Cooner, did you have any remarks?

Mr. **Cooner**. Just a brief statement, Mr. Chairman.

Once again, thank you for having us here today.

I have been both heartened and a little dismayed by what I heard today. I have been homeless for over a year in New York City at numerous men's shelters. In that entire time I saw no individuals or groups representing veterans' organizations.

I find the real support system in the homeless shelters is among the veterans themselves. Despite their drug and alcohol and mental problems, which I have heard extensively and rather drearily documented here today, it was a real sense of a shared condition. Perhaps somehow this war has never quite ended for these men.

I was very lucky. I have an honorable discharge. I have a college education. I have a wide support system among friends who recognize my condition as temporary. But I saw no outreach programs on the physical premises of the shelters.

Periodically, a social worker or local newscaster would wander through—perhaps somebody like Hoot, 2 days, another instant expert. Beyond that there was no one to point out your rights.

Outreach programs are all in the phone book but they are not outreaching. They weren't working the streets. They are not working the parks. They are not working the myriad of places where people go to pass the time when there is no job and there is no housing, and there is no immediate hope of anything.

However, once again, I would like to say the fact that we are all here today is a great leap in awareness and I hope we can continue this momentum.

Thank you, sir.

Mr. **Daschle**. I think you have spoken about something that this subcommittee shares very deeply. Nothing troubles me more than for these issues to take on an aura of the flavor of the month, and sometimes I think that is what happens—you know, the flavor of the month this month is raspberry and the next month it's strawberry. And the flavor of the money in Congress sometimes is unemployment, and then it's education, and then it's homelessness. But you only get to the flavor of the month and then it's gone.

I think it is extremely important for a follow-through to occur for the kind of education you have given us to develop into something that goes beyond lip service.

I am very concerned that all of us go beyond nice sounding names like task forces, interagency groups. Fundamentally what we all want is an end to some of this homelessness.

Ms. Foscarinis told us that this whole homelessness question has exploded. That was the term you used. Define that explosion a little bit for me.

Ms. **Foscarinis**. I can quantify it. A recent study determined that in 1985, homelessness increased 25 percent in cities around the country.

Mr. **Daschle**. Over what?

Ms. **Foscarinis**. Excuse me?

Mr. **Daschle**. Twenty-five percent over what?

Ms. **Foscarinis**. Over the previous year's estimated homeless population. That is a very, very large increase.

To put it in other terms, service providers around the country, operators of shelters and soup kitchens, report an increasing number of turnaways, people they simply cannot serve.

Mr. **Daschle**. To what extent do you attribute that to cutbacks of Federal programs?

Ms. **Foscarinis**. I think that there is a great degree of correlation between cutbacks of Federal programs—cutbacks especially in Federal housing programs, and increases in homelessness .

I might add that the most significant wave of deinstitutionalization insofar as that is a contributing cause of homelessness occurred in the 1970's. The new homelessness we are seeing now is of a different sort. It is people who have been evicted from their apartment and have been unable to find a new apartment. People who have spent years on waiting lists for public housing or subsidized housing. People who have just lost a job and been unable to find a new one.

What we are seeing today is quantitatively and qualitatively different.

Mr. **Daschle**. Someone told us in past hearings that the issue is not as much lack of funding as it is lack of inertia. Would you agree with that?

Ms. **Foscarinis**. I think it is very much an issue of lack of funding. I think especially the correlation between the drastic cuts in housing programs and homelessness is a very significant one. I am not sure what was meant by inertia as being a cause. Inertia on whose part?

Mr. **Daschle**. Inertia in the sense that while there are specific concepts that have now been applied to homelessness, getting the bureaucracy and getting society to wake up and to realize the significance of not only the numbers, but the degree, the severity of the issue within those numbers. I think is what they may have been addressing.

I see you shaking your head yes.

Ms. **Foscarinis**. I think it is true that bureaucratic barriers contribute to the continuation of homelessness. There are two aspects of this: One is cutbacks in funding. The other is bureaucratic barriers which prevent homeless people from having access to programs that in fact exist. I am thinking of the lack of outreach, to inform people who are entitled to benefits under existing programs of those; and barriers such as permanent address requirements which also prevent homeless people from receiving benefits.

So I think there are two aspects of that, and yes, bureaucratic barriers are part of the problem.

Mr. **Daschle**. Let's assume that you were elected to Congress. You automatically ascended to the chair of whatever appropriate committee or subcommitte has the most responsibility over this whole issue. And you said, all right, this is going to be the issue for me. This is what I am going to do.

As Chair—and let's assume you had a year's time in which to work—what would you do? What would be your priorities? Where would you go?

Let's say the sky's the limit in a sense of what is possible, but possible within the realm of reality. But given reality, and given a clean slate, how would you start? How would you prioritize, and ultimately, what would you enact legislatively?

I would address that not necessarily to Maria but to Mr. Bird and Mr. Cooner as well.

Ms. **Foscarinis**. First of all, I hate to contemplate even that possibility of myself being in that position. But aside from that, I should point out that in fact the National Coalition, working together with other advocates, has put together a legislative agenda, which is the Homeless Persons' Survival Act.

Mr. **Daschle**. Is the National Coalition the group that is meeting next week?

Ms. **Foscarinis**. You mean the National Conference?

Mr. **Daschle**. The national conference.

Ms. **Foscarinis**. Yes, we are having a National Conference in 2 weeks.

Mr. **Daschle**. In 2 weeks?

Ms. **Foscarinis**. Yes. And it is the National Coalition for the Homeless.

Mr. **Daschle**. Does it trouble you that the chairman of the Task Force on Homelessness is not coming?

Ms. **Foscarinis**. Yes, I think that is indicative of the Federal Government's, or at least this administration's position on the issue in general—has failed to recognize homelessness as a problem.

Mr. **Daschle**. Are you familiar at all with the Conference?

Ms. **Foscarinis**. Am I familiar with the Conference?

Mr. **Daschle**. Yes.

Ms. **Foscarinis**. Yes, I am intimately familiar with it.

Mr. **Daschle**. Do you know whether the chairman was invited to come?

Ms. **Foscarinis**. He himself said that he was. I assume that invitation was extended by someone else in our organization.

Mr. **Daschle**. I see.

I disrupted your train of thought with regard to prioritization and what ultimately you would do.

Could you elaborate?

Ms. **Foscarinis**. Sure, I would be glad to.

As I was saying, we put together a legislative agenda for what we think ought to be done. It is a very comprehensive piece of legislation—the Homeless Persons' Survival Act, which was introduced at the end of June by Congressman Leland and about 50 other cosponsors in the House, and also introduced in the Senate by Senator Gore.

Basically it is a very exhaustive piece of legislation. It is in three parts: emergency measures, preventive measures, and long-term solutions. Although it is exhaustive, I don't think that any part of it is unrealistic or even particularly innovative. It involves some very basic things. For example: In the emergency measures, extend existing programs to provide shelter under Federal law to homeless families; provide shelter to homeless individuals, which is now something that doesn't exist under Federal law; make food stamps usable by homeless people; provide for outreach in SSI and other benefits programs. Those are all parts of the emergency portion, which creates a few new programs, like the Federal Shelter Program, but for the most part attempts to provide for outreach and remove barriers to existing programs.

It includes a preventive section which attempts to ensure that persons who are evicted from public or private housing are done so only with procedural safeguards. It contains provisions for persons who are institutionalized to apply for benefits before they are discharged, and contains a series of other similar sorts of intermediate measures.

The basic idea is to catch people on the brink before they start taking the downward cycle.

Mr. **Daschle**. The essence of what you are telling me then is that this legislation would go a long way to meeting responsibly the Federal role as you see it?

Ms. **Foscarinis**. Yes, I believe so.

Mr. **Daschle**. Do you see the Federal role as being paramount vis-a-vis State and local responsibilities ?

Ms. **Foscarinis**. On that issue, I would have to say that I think that the Federal/State controversy is often just an excuse for inaction. I think both the Federal Government and local governments have a responsibility to act. I take exception to this issue being used to turn homeless people into a kind of ping-pong ball.

On the merits, I would have to say the Federal Government is probably the only entity now equipped to deal with long-term solutions such as low-income housing. It has traditionally done that.

In addition, it is the Federal Government that has the range of benefits programs that are supposed to help the Nation's poor. And it's cutbacks in these programs that are to a large extent responsible for the homelessness we see today. So I guess to that extent I would put more responsibility on the Federal Government.

Mr. **Daschle**. Mr. Bird?

Mr. **Bird**. I would address it first from a moral position. We espouse ourselves to be a certain kind of society, a highly Judeo-Christian society. We espouse loving our neighbor as we love ourselves. I think you simply have to witness the suffering going on on the street and begin to create something that addresses that suffering.

The mentally ill on the streets of New York who are let out of mental institutions because, as I understand it, they rerouted the money from the Federal Government to the States and then the hospitals. It was the new federalism program, that was enacted a few years ago, where they started rerouting and cutting money to the States and to the local municipalities. That was when there was another unveiling of homeless on the streets of New York, the mentally ill.

In terms of homeless veterans, there is no outreach. They wait for people to come to them. There are no services being taken into the shelters or to the streets where the homeless veterans are. That is what I see in New York. And whenever you ask, why aren't you reaching out? They say, we are restricted because of the VA system. They say they cannot serve as veterans' advocates.

I am not a legislator. I am a director. I am an artist. The label of homelessness is enough of a label for an individual to bear. We don't need to start creating other labels in order to further alienate them. We don't need to create more systems as we alienate them and break them down into bureaucratic subcomponent parts and expect to be able to help these people. It is enough that they are homeless. They should be addressed as directly as possible.

If it means creating new job programs like the formerly defunct CETA program, I would be for it. If it would be outrageous as trying to siphon off money from the ever-expanding military industrial complex and putting it into helping homeless veterans who are a lot of why we are supposed to be number one and standing tall, do that. But I think we need a consistent, loud, vocal voice. We need to educate the American public. And we need to get over feeling that we aren't responsible for this.

As they say in Shakespeare, it is a direct reflection of us. Hold the mirror up to nature. Well, homelessness in America is a direct reflection of us and we can't avoid it.

Mr. **Daschle**. Well said.

Before I let you go, I want to compliment Ms. Foscarinis on another point that was made for the record that I think was an important, and that related to deinstitutionalization. I am one who believes that deinstitutionalization is really one of the best things we have done were it not for the fact that right at that time major cutbacks in other programs, that would otherwise have been available to care for these people, were made less available, or ultimately resulted in programs being made less available.

I think that is not an editorial on the process of deinstitutionalization as much as it is on the lack of whatever safety net was supposed to be there once they were released.

I want to thank you for a tremendous insight. I think if there is a spark in the testimony this afternoon, you are it. We need to ignite the interest of this committee and pursue the bill that you have addressed as we try to propel this effort a lot more effectively than what has been done this far.

Minority counsel may have some questions.

Mr. **Wilson**. Thank you, Mr. Chairman, just a short comment.

On page 7 of the testimony, it is stated, "Yet, the VA today has absolutely no policy on outreach to homeless veterans."

I have been given four documents which purport to be policy statements, and I think it might be wise to put them in the record at this point.

Mr. **Daschle**. Do you wish to respond to clarify that statement, Ms. Foscarinis?

Ms. **Foscarinis**. That statement is based on inquiries made directly to the VA itself, and receipt of the response that there is no policy nationwide in the Veterans' Administration on outreach. The only outreach I am aware of is a few isolated examples, such as in New York City where, because specific pressure was applied, outreach efforts were undertaken. But that is not a general VA policy.

Mr. **Wilson**. I don't want to be argumentative about the issue, Mr. Chairman, but these are four statements which purport to be policy statements. Three are from the Department of Veterans' Benefits and one is from the Department of Medicine and Surgery.

Mr. **Daschle**. Dealing specifically with homelessness, or dealing—

Mr. **Wilson**. Yes, sir. The first one is entitled "Services to Homeless Veterans," which is a Department of Veterans' Benefits publication. The next one is "Social Work Responsibility and Discharge Planning." And in that document it talks about homeless veterans and that aspect of planning.

The third one, "Risk Categories to be Screened," speaks specifically to discharge planning. It is also titled as "No Place to Live". It speaks to Veterans' Administration hospitals planning for discharges of homeless veterans.

Then there is a telegram that is over the signature of Mr. John Hagen, the former Chief Benefits Director—and I misspoke myself, there are five of these—which talks about identifying temporary shelters for veterans and that sort of thing.

The fifth one is a letter dated June 6, 1986, and the subject is "Homeless Veterans". It is signed by Mr. John Vogel, the current Chief Benefits Director.

Mr. **Daschle**. What I would like to do for the record is for you to submit those, not only for the record, but a copy to be given to Ms. Foscarinis. Then I would like to provide Ms. Foscarinis an opportunity to respond to those particular memos. Could you do that for us?

Ms. **Foscarinis**. Sure. I would be very interested in seeing them.

Mr. **Wilson**. I would be glad to do that, Mr. Chairman.

[The information appears on p. 177.]

Mr. **Wilson**. Lastly, There have been some comments today, and Congressman Evans spoke to this issue, about improper address requirements of the Veterans' Administration. Mr. Horton testified that there was, in his opinion, not a need for the bill, H.R. 5140.

Could you tell us, Ms. Foscarinis, exactly what are those improper requirements of the Veterans' Administration ?

Ms. **Foscarinis**. The improper requirements are that a veteran appearing at a local VA office to apply for some sort of benefit will be asked to fill out a form that contains a space for address. And if the veteran is homeless and unable to complete that, he may be denied access to benefits.

Mr. **Wilson**. How would the Veterans' Administration then communicate with that person without an address of some kind?

Mr. Horton testified that they would send checks and send communications to shelters, to almost any place, General Delivery.

Ms. **Foscarinis**. Part of the problem with the improper address requirements is that sometimes the address of a shelter will not be accepted as meeting the address requirement.

It is true that if a shelter could be used to satisfy that requirement, that might be a solution to the problem, but that is not always the case.

Mr. **Daschle**. Why would it have to be sent? Could it not be held at a local VA facility for that particular veteran to simply pick up?

Mr. **Wilson**. My memory is, Mr. Chairman, that it used to be that a veteran could use a local VA facility as an address. I think that was changed some years ago. It used to be, too, that some veterans could use a State Department of Veterans' Affairs Office as their address. I think that was also changed. This is something I think that we can look into, and if it is a problem, I would think it could be solved very quickly.

I just have one final comment. There is a Mr. Jesse Carpenter mentioned in your testimony. Is it not true that he was drawing a Veterans' Administration pension at the time of his very tragic death?

Ms. **Foscarinis**. I am not aware of that.

Mr. **Wilson**. I think the newspaper accounts of that and the official record would show that he was getting a monthly check. I think he got the check at General Delivery.

He did suffer a very tragic death. As I recall, he froze to death.

Ms. **Foscarinis**. Right. That is correct.

It is true, he may have been, but that does not change the fact that apparently that was inadequate to provide him with a place to spend the night.

Mr. **Wilson**. Thank you, Mr. Chairman.

Mr. **Daschle**. Thank you, Rufus.

Mr. Cooner, Ms. Foscarinis, and Mr. Bird, thank you very, very much for coming before the subcommittee today.

Ms. **Foscarinis**. Thank you.

Mr. **Bird**. Thank you.

Mr. **Daschle**. Our final panel is comprised of Mr. Gordon Thorson, Special Assistant for National Legislative Service of the VFW; Mr. Paul Egan, Deputy Director of the National Legislative Commission of the American Legion, accompanied by Dennis Rhoades; Mr. Rick Weidman, the Director of Government Relations of VVA, accompanied by Mr. John Rowan.

Gentlemen, thank you for coming. We are pleased you are here. We apologize for the fact that you have had to wait so long to be a part of our panel today but we are delighted you did and pleased that you could spend some time with us.

Mr. Thorson?

STATEMENTS OF GORDON R. THORSON, SPECIAL ASSISTANT, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES; PAUL S. EGAN, DEPUTY DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, AND DENNIS K. RHOADES, DIRECTOR, NATIONAL ECONOMICS COMMISSION, THE AMERICAN LEGION; RICHARD F. WEIDMAN, DIRECTOR OF GOVERNMENT RELATIONS, VIETNAM VETERANS OF AMERICA, ACCOMPANIED BY JOHN ROWAN, NATIONAL BOARD OF DIRECTORS, VIETNAM VETERANS OF AMERICA

STATEMENT OF GORDON R. THORSON

Mr. THORSON. Thank you, Mr. Chairman.

Thank you for scheduling this hearing and focusing on the plight of homeless veterans. The Veterans of Foreign Wars appreciates this opportunity to voice their concern for the many homeless people spread throughout our Nation.

Though we are sympathetic to all homeless people, we will, by necessity, confine our remarks to the needs of homeless veterans. We respectfully request that the entire contents of our written testimony be made a permanent part of the record.

Mr. DASCHLE. Without objection.

Mr. THORSON. Please note that in August, at our most recent national convention, our voting delegates passed a resolution specifically addressing the homeless veteran, and requesting that government agencies be more cognizant of the special needs of homeless veterans, and that action be taken to provide appropriate services to these veterans.

I will not burden you with a rehash of our prepared testimony. However, I would like to take a minute to point out our major concerns.

First of all, we think it is important to determine accurately the number of veterans that are homeless, and what areas of our country are most impacted. Let's identify the size of the problem.

Secondly, we believe that once the homeless are identified and located, proper studies should be conducted to determine why these veterans are homeless and what are their future needs.

Finally, we ask that any efforts made in the name of homeless veterans be made under the direction of the Administrator of Veterans' Affairs. The Veterans' Administration should assume the leadership role in the development, coordination, and implementation of programs provided to assist homeless veterans.

VA personnel are already in a position to provide outreach, counseling, drug and alcohol treatment, medical treatment, vocational rehabilitation, and when appropriate, they can then refer the rehabilitated veteran to other agencies for job placement.

Let's not forget any man or woman who has served this country. Let's all work together to help homeless veterans regain their self-confidence and find employment.

Thank you.

Mr. DASCHLE. Thank you, Mr. Thorson.

[Prepared statement of Mr. Thorson appears on p. 187.]

Mr. DASCHLE. Mr. Egan?

Mr. THORSON. Excuse me, one more second, Mr. Chairman.

Mr. DASCHLE. Yes.

Mr. **Thorson**. If I can be excused, I have a van that is waiting outside, and if I miss it, I walk 40 miles.

Mr. **Daschle**. By all means, please do so. I am sorry it has taken so long.

Mr. **Egan**. Mr. Chairman, since Mr. Rhoades and I have collaborated on our statement we have decided to divide our time equally between us, so beginning with Dennis, we will proceed in that way.

Mr. **Daschle**. Please proceed.

STATEMENT OF DENNIS K. RHOADES

Mr. **Rhoades**. Thank you, Mr. Chairman.

I know it's late in the afternoon, but the advantage of coming on last is that we have had the benefit of hearing much expert testimony, for which we are very appreciative.

I am sorry that many Federal officials have already left and haven't waited to hear our perspective on the problem.

The American Legion is hardly a stranger to the problem of homelessness in America. Immediately following the close of World War I, after the Legion was founded, there was a deep recession in the early 1920's and the new organization became quite active with taking care of less fortunate "buddies". That tradition continued on through the Depression and exists today. Many of our Posts are still providing emergency cash, and food, arranging for shelter, and trying to help out individual veterans as they appear and need assistance.

I am not going to go into the statistics on homelessness among veterans. I think the expert witnesses have stated the case quite clearly, and there is unquestionably a problem.

I would like to comment for a few moments on some specific topics. We are very much in favor of Don Shasteen's Jobs for Homeless Veterans program.

I have had discussions with the leadership of the American Legion and we intend to fully participate in the program in each of the 10 cities.

Employment is certainly a significant factor in homelessness. But, of course, there are other factors, such as alcoholism and substance abuse, housing, and a whole constellation of other problems. If any project is going to work it is therefore going to require very close coordination between human services agencies. That means that more will be mudlurd than agencies simply getting together here in Washington and agreeing to coordinate efforts. They must, instead, get the message out to the field.

We were frank a little disturbed by the VA's statement because we found it somewhat disingenuous. For example, citing the VA Home Loan program as a resource for helping homeless veterans strikes me as sophistry.

I also take strong exception to the VA's contention that veterans have had more employment programs than almost any other significant segment of the society. That is simply not true.

But we hope, nevertheless, that the VA is going to be able to work with the Labor Department, to create some good programs out in the field. Having known a lot of VA field personnel, I can tell you that they are unquestionably very dedicated. If they are given the proper direction from Central Office, they are going to be able to do the kind of job that I think needs to be done.

I do have one caution, however, and that is: there is a limitation on VA resources. The number of Veterans' Benefits counselors in the VA Regional Offices have declined every year for the past 6 or 7 years; In addition, there is normally only one VA Regional Office in each State. Some of the larger States have two—California has three. This will limit the ability of whatever VA personnel resources are available to actually get out and work one-on-one with the homeless veteran, particularly if the homeless veteran is not in the same local area as the Regional office. That is a limitation that this program is going to have to address.

I am now going to turn the microphone over to my colleague Paul Egan.

STATEMENT OF PAUL S. EGAN

Mr. Egan. Mr. Chairman, we respect the confines of the jurisdiction of this subcommittee, and we understand this hearing was intended to discuss the employment problems of the homeless. But as is clearly evidenced by the proceedings before we came up to the table, the issue of homelessness encompasses a broad range of issues that extend beyond the limited range of employment problems facing any category of individual.

We find that the VA is doing something to address the problem of homelessness. But what they are doing, in our judgment, strikes us as being somewhat jerrybuilt. Presumably in response to criticism in the press last wintertime, as a result of the death of the individual in Lafayette Park, VA did issue a directive last April to VAMC's across the country urging them to maintain on file the locations and contact persons with shelters for the homeless.

However, we have several questions that, at least in the VA's testimony, haven't been answered, and those are: What has the experience since last April been—has it been successful?

Has there been any statistical measurement taken of the veterans that are coming into the VA that are being referred to shelters?

What suggestions might VA offer to improve its program?

Has there been any cross-matching of homeless veterans who may have been discharged VA psychiatric patients?

Which brings us to the second part of this particular portion of our statement and that is, that in my view, whether wittingly or unwittingly, the VA is contributing significantly to the population of homeless in this country. And they are doing that by insisting on the institution of DRGs and resource allocation methodologies on the practice of psychiatry in the VA.

Under that system—which is, of course, exempt under Medicare and Medicaid—individual facilities are penalized with resources and personnel on an annual basis if they fail to discharge patients within the prescribed period according to the DRG for the specific disorder with which the patient presents himself.

I would like to give you a rather graphic example which is a result of a field report done at St. Cloud, Minnesota—which is a psychiatric facility. The impact on psychiatric operations at St.

Cloud was a loss of $650,000 and 28 FTEE just this year. In the last 2 years, three psychiatric wards were closed, with the loss of 139 psychiatric beds and 72.8 FTEE. The problems resulting from this are inadequate staffing to take care of the patients. DRGs are causing chronic patients to be treated as if they were acute patients. The patient turnover has naturally increased as more and more patients are discharged, prematurely, and perhaps inappropriately. And there are indeed some patients who are discharged while they are on heavy does of psychotropic medication. In that regard, prior to DRGs, these patients would be weaned off these medications to the extent that they could be at least functional.

The consequences in the most graphic form at this particular facility involved three patients who all committed suicide between August and December of last year. The first of those patients was admitted on August 1, and he disappeared the following day. He had a history of suicidal ideation. On August 9th, that patient was found in the Mississippi River, which is accessed by another tributary which is right behind the facility.

Patient B had a history of 16 previous admissions and was reported missing on September 18th after a short admission. On September 26th, that patient was found hanging from a tree near an employee parking lot.

A third patient was admitted on November 20th. He was planned to be discharged on an extended pass over the Christmas holiday. His family objected to the length of the pass. In spite of that he was discharged on pass in any event, and prior to coming back to the hospital he shot himself.

Now, suicides don't necessarily indict a DRG system. But the fact is that if there had been significantly more personnel available, and if clinical decision-making hadn't been motivated by economic considerations, those patients would either not have been discharged or there would have been sufficient personnel to take care of them. We obviously know what happened to these three individuals, but what happens to the others who are discharged prematurely? We suspect many of them to be homeless.

Apart from that, we have assembled a chart that describes the loss of personnel and FTEE that was projected for the current fiscal year in VA psychiatric facilities around the country. And just to give you an example, Fort Meade, South Dakota is one. There was a loss of $567,848 and a loss of 23.4 FTEE. Other examples throughout the whole list abound.

We do understand that VA is attempting to look at ways that they can modify the DRG system, but given the experience that VA has already had, and given the judgment of HHS in exempting Medicare and Medicaid where psychiatry is concerned, we believe that the VA, too, should exempt psychiatric treatment from DRGs.

I find it interesting to note the insistence of the VA that clinical decision-making—and they underline is not—being motivated by economic considerations. But the available evidence certainly contradicts that rather strongly.

Mr. DASCHLE. Are you completed?

Mr. EGAN. Yes.

[Prepared statement of Mr. Rhoades and Mr. Egan appears on p. 189.]

Mr. DASCHLE. I regret that I haven't asked the other witnesses to stay, because I think some of my most productive hearings have been those where I have brought all the witnesses back to the table and where we have a good roundtable discussion at the end of the day. Had I thought about that, I would have asked them to do so because you have rebutted some of their statements quite effectively.

Mr. Weidman?

STATEMENT OF RICHARD F. WEIDMAN

Mr. WEIDMAN. Thank you, Mr. Chairman.

I would request that our statement in full be submitted for the record.

Mr. DASCHLE. Without objection.

Mr. WEIDMAN. I will not rehash our entire statement except to draw your attention to 11 specific recommendations that we made therein for the committee's consideration for action by this subcommittee.

I would like to just to touch on briefly a couple of things having to do with DCs that we have in regard to this issue.

First and foremost, is that in fact there is a Federal role on this issue. And that Federal role has to do with beginning with the definition of homeless veterans. Homeless veterans are not an amorphous group of people who dropped down here from Mars. In fact, they are veterans who are suffering from problems that have reached such a critical stage to where they have no permanent domicile. They have various and sundry physical and mental problems that have not been picked up by the system and, therefore, find themselves on the street today.

So the question is not whether or not VA should be taking the lead in dealing with homeless veterans. Rather, it is whether the Veterans' Administration should be taking the lead in dealing with the most critical cases that it missed the first time around.

Nowhere in Title 38 of the United States Code does it say veterans' benefits and hosital services are for white, middle class veterans only. It does not say that in there. It has to do with the type of service that one rendered. And that is the number one point.

The second point has to do with leadership. Leadership by the VA, coming from the 10th floor and the Administrator's office right on down to the Regional Office level—as we did note in their statement there have been only sporadic services that have been attempted to be delivered by many Regional Offices. But there has been no systematic policy of the Administrator to come forth on this issue and issue guidelines to the organization on a systematic basis. So leadership is part of it within the VA.

The second has to do with resources. If there aren't any Veterans' Benefits Counselors and the pattern on that is not just the 40 percent cut over the last 6 years—they are not getting out of the office. Those that are out-stationed now are being pulled back by the Regional Offices to deal only with people who walk in and/or call over the telephone, which works real well if you have got a living room in which you have a telephone to go pick up that telephone and call VA. But if you don't have a living room, it is unlikely you have a telephone.

The point about that is you have got to go where people are to reach them with the services. That has been recognized a long time ago and that is why we created the Vet Centers. So it has to do with resources in putting a floor under the number of Veterns' Benefits Counselors and number of IS-1's. What I have in my hand a one-color brochure which is the IS-1 that was referred to earlier here today. In 1984, over 280—almost 300,000 of these were printed and disseminated. This fiscal year, 10,000 were printed and disseminated. So you have a situation where people in Regional Offices of the VA around the country call me up to try and get a copy of IS-1 because they cannot get it through official channels. You know doggone well Vets will not being able to get it in the Anacostia men's shelters because the people at VA you have to deal with are lucky if they get a copy that they can hang onto as a desk copy reference.

You will note that this is a one-color publication. If the Government Printing Office can't give a quote that is inexpensive, fine. This is the age of privatization—put it out for competitive bid and get a better price.

At the same time that only 10,000 of these were printed as a result of "budget cuts," this is a new little gem that is indicative of many things that are printed—that is in three colors—that is put out. And if you look through it, it's a nice little informational kind of thing that you might find in—it's almost a travel brochure—that is not useful to anybody in terms of veterans' benefits, of access to actual services that in many cases are critical to people's life support systems.

So my point about this is I think that it is not just sophistry—it is just beyond the pale to expect us to believe that these are budget constraints, that this is not a concerted effort to deny people information about the services that they are in fact entitled to.

On that point, if I may say so, with all due respect to Mr. Harvey Vieth, whom I do respect as a decent and competent individual, the difficulty of it is he is Chairman of a Task Force that is neither tasked with any specific or substantive thing to accomplish, nor does it have any force behind it. So it is unlikely they are going to get anything done.

One of the things that we have asked them for is the list of shelters. And they said, well, gee, that's a pretty difficult task, we haven't gotten that done that. I don't think, frankly, it's all that difficult to come up with a Class 1, Class 2, Class 3, Class 4 shelters, and be able to then publish some sort of guide—even if we pay for it. I know VVA would be willing to pay for it—to have some sort of guide to what's out there.

In the absence of that, on a catch-as-catch-can basis, there is a role, and a very important role, for the Veteran Service Organizations. I am here to say "mea culpa" to Bill Cooner. We weren't in the shelter when he needed us, and there are guys who are there today that we should be in there pitching to help.

There is in fact a legitimate Federal role in terms of providing the leadership, but it is also incumbent upon us, the veteran service organizations, to get out there.

One of the things that we are going to be doing from Vietnam Veterans of America is sending to every shelter for which we can get an address a questionnaire and asking them their advice and data, and sending them the Viet Vets Survival Guide, which is our version, if you will, of IS-1. It is written in layman's language—over 150,000 have been sold nationally—to be a guide so that the folks working in the shelter, as well as those who are living in the shelter, can start to get an idea about how do in fact you access the Veterans' Services system.

Along those same lines, accompaying me here today is Mr. John Rowan, who is a member of our National Board of Directors, who has been charged by the Veterans' Affairs Committee of the VVA National Board with developing an overall VVA policy and a laundry list, if you will, a how-to guide for VVA chapters across the country, and what we should be doing. Let's not wait for the VA. The task here, as we look to you, Mr. Chairman, is to help forge VA discover, and rediscover, and forge their own role in terms of providing leadership. But we are not going to wait for that, but rather, move ahead.

Mr. Rowan has been very active in New York City and is Chairman of the New York City Committee on Homeless Veterans, and I would like to turn it over to him, if I may, at this time.

Thank you, Mr. Chairman.

[Prepared statement of Mr. Weidman appears on p. 198.]

STATEMENT OF JOHN ROWAN

Mr. ROWAN. Mr. Chairman, thank you for this opportunity.

Homeless veterans consist of all ages and have served in all recent wars and peacetime, although they are over-represented with Vietnam-era and post Vietnam-era veterans. This is part of the trend towards younger and younger homeless individuals. They are found in both urban and rural areas, although they are more visible in the cities.

However, I don't believe that there is much difference between them. They are all suffering from the same readjustment problems that make it difficult for them to live normal lives in American society. Whether a veteran chooses to live in a tent in the mountains or under a bridge in the inner city, they are both reacting to the stress and situations that made it difficult, it not impossible, for them to enter the mainstream of our life.

They need help to bring them back. It is not enough to say that services are available to them. You must reach out and pull them in. Therefore, it is imperative that the VA take a leadership role in assisting the homeless veteran.

As was pointed out by Congressman Green, this issue came to our attention in New York City when the Comptroller of the City of New York issued a report on Veterans' Day 1982 which outlined the magnitude of the problem. In a city that is sheltering 9,000 single men every night, it was estimated that as many as a third of them were veterans.

In response to that report, a "Homeless Veterans Project" was established with representatives from the VA, State Division of Veterans' Affairs, and the city's Human Resources Administration.

Teams were developed that went out to the shelters to identify the veterans and to assist them in obtaining any benefits that may be due them.

Although considered a success, this program faded away after a few years when the issued died down in the press. Only recently has this project begun to be resurrected, at the insistance of the State Division of Veterans' Affairs.

This should have not had to have happened. The Veterans' Administration should have been out there pushing all of the players to maintain their involvement. The VA should be the lead agency in coordinating this type of operation, since the VA is mandated to address the issues that are the underlying reasons why veterans find themselves in these situations. The VA must also take the lead in bringing in other Federal agencies such as the Department of Labor, who are still not a part of the process in New York City.

But, the VA is not the only one who needs to increase their activities in this area. The veterans' organizations must begin to assert themselves on this issue. In New York City, the Vietnam Veterans of America has formed a Homeless Veterans Committee. As a part of our activities, we have agreed on three ways to approach this issue.

First, one of our local chapters has submitted a proposal to the State and city to establish a model half-way house to help re-integrate homeless veterans into society. Dubbed "Basic Training for Civilian Life", the program would consist of a small, 30- to 40-person shelter, with extensive counseling backup, particularly for PTSD, employment, and substance abuse. We hope to draw upon the experiences of the social services agencies in New York City and elsewhere to develop a model that could be duplicated in various parts of the city and across the country. We are in the process now of accumulating data and research on existing programs to help us in this effort.

Second, we have decided to ask the City of New York to establish a separate shelter for veterans within the existing shelter system. While we are not happy with the large, barracks-type shelters presently run by the city, and would prefer the smaller half-way house type of facility, we understand that the immediate needs of the homeless make the large shelters necessary. So, as long as they must exist, we are requesting that veterans be given a shelter of their own. We do this for two reasons. First, veterans are eligible for services from the VA and other sources that are not available to the average citizen. Therefore, if we were able to bring them together in one place, it would simplify the delivery of service.

Secondly, it was felt that the camaraderie found in the military might be rekindled in such a setting, which may assist the veterans in overcoming their particular problems. In a sense, we are trying to reinstitute the "buddy" system.

Thirdly, it was agreed that the VVA chapters in the city would recruit volunteers to work with the Coalition for the Homeless in their shelter monitoring system. It was felt that this would provide our members with the firsthand experience that they need to truly understand this issue.

To quote Mr. Vincent Muscari, a counseler with the State Division of Veterans' Affairs, who has worked extensively with the homeless, "Working with the homeless for 3 years, seeing the shelters, smelling the smells, looking into the eyes and sometimes avoiding the eyes, has left me stupified. I spent a year in Vietnam, but even that left me unequipped to deal with the present in a shelter."

Our committee's work has just begun, but hopefully our efforts will help develop the programs needed to bring back the MIAs at home, the "Missing in America". To do this, however, we will needed the continued public leadership of the members of this committee and we need the visible public leadership of the Veterans' Administrator and of the local directors of VA facilities.

Thank you.

Mr. **Daschle**. That was a good way to end your testimony, because I think, if anything, we have really lacked leadership in this regard, both within the VA and, frankly, on this subcommittee. I haven't provided it, and I don't think we have seen it adequately from the VA at this point. I applaud you because I don't think your efforts are recognized adequately.

I was extremely impressed with Mr. Weidman's testimony. I think that the documents speak for themselves. I'm glad that more people than are in this room will have the opportunity to see that kind of a prioritization. It is important that we go back to the very first thing that people talked about this afternoon, and that is a sensitivity that goes beyond lip service.

I can commit to you and to those in this room that this subcommittee is not going to let the ball drop. We're going to come back and revisit this. To the extent I will have influence on the next chairman, I will certainly ask that he or she hold additional hearings and follow through with legislation, if necessary, in order that this issue gain the kind of attention, and ultimately the response through the Congress, that it deserves. Were it not for you and the kind of effort you have already provided, the direction you have given and the leadership with what limited resources you have, we wouldn't have accomplished even to date what we have. I can say with sincerety that we thank you and that we are grateful to you for your effort and for the insight you have given us this afternoon.

With that, the committee is adjourned.

[Whereupon, at 5:15 p.m., the subcommittee was adjourned.]

APPENDIX

TESTIMONY OF CONGRESSMAN BILL GREEN (R-NY)
HOUSE COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON EDUCATION, TRAINING & EMPLOYMENT
HEARING ON HOMELESS VETERANS
SEPTEMBER 10, 1986

MR. CHAIRMAN, MEMBERS OF THE SUBCOMMITTEE, I WANT TO THANK YOU FOR INVITING ME HERE TO TESTIFY TODAY AND, FURTHER, TO COMMEND YOU FOR HOLDING THESE HEARINGS ON THE PROBLEMS OF HOMELESSNESS AMONG OUR NATION'S VETERANS. IT IS A PROBLEM THAT HAS BEEN TOO LONG IGNORED, AND ONE THAT IS, I BELIEVE, GREATLY UNDERESTIMATED.

I HELD A HEARING IN NEW YORK CITY ON THIS VERY PROBLEM IN EARLY APRIL OF THIS YEAR. VETERANS GROUPS ARE BECOMING AWARE OF THIS PROBLEM, AND ARE LOOKING TO US HERE IN WASHINGTON TO TAKE THE LEAD IN ADDRESSING IT. TO THIS DATE, OUR RESPONSE HAS BEEN NEGLIGIBLE.

I TAKE SOME PRIDE IN RELATING TO THE SUBCOMMITTEE THAT MY CITY OF NEW YORK HAS BEEN ONE OF THE LEADERS IN RECOGNIZING THIS ASPECT OF THE HOMELESS PROBLEM. I HAVE COMPILED STATISTICS AT SPECIFIC HOMELESS SHELTERS THAT INDICATE FULLY 30 PERCENT OF THOSE IN THE SHELTER WERE VETERANS. THE CITY COMPTROLLER, HARRISON GOLDIN, IN A REPORT ENTITLED "SOLDIERS OF MISFORTUNE" ESTIMATED THAT ONE-THIRD OF ALL HOMELESS WERE VETERANS. FURTHERMORE, AN EXTENSIVE STUDY RELEASED BY THE COLUMBIA PRESBYTERIAN HOSPITAL PHYCHIATRIC INSTITUTE CONCLUDES THAT IN MUNICIPAL PUBLIC SHELTERS IN NEW YORK CITY 29 PERCENT OF THE MEN AND 1.4 PERCENT OF THE WOMEN WERE VETERANS.

MR. CHAIRMAN, THESE ARE ALARMING STATISTICS, BUT THEY ARE NOT LIMITED TO NEW YORK CITY ALONE. A ONE-DAY CENSUS OF RESIDENTS IN THE ANACOSTIA MEN'S HOMELESS SHELTER HERE IN WASHINGTON INIDCATED THAT NEARLY 300 OF THE SHELTER'S 475 RESIDENT WERE VETERANS.

IT WOULD BE INSTRUCTIVE TO THE MEMBERS OF THE SUBCOMMITTEE, I BELIEVE, TO BE AWARE OF SOME OF THE STEPS THAT NEW YORK CITY HAS TAKEN TO ADDRESS THE PROBLEM. IN 1983, IN PART BECAUSE OF MY INTERVENTION, THE VETERANS ADMINISTRATION AND THE NEW YORK STATE DIVISION OF VETERANS AFFAIRS STARTED SENDING COUNSELORS EACH MONTH TO THE MEN'S HOMELESS SHELTERS. THESE COUNSELORS SERVE AS A LIAISON BETWEEN THESE VETERANS AND THE FEDERAL AND STATE VETERANS AGENCIES AND ASSIST HOMELESS VETERANS IN RECEIVING BENEFITS TO WHICH THEY ARE ENTITLED. THE SUBCOMMITTEE MAY WISH TO CONSIDER INSTITUTIONALIZING THIS PROCEDURE WITHIN THE VETERANS ADMINISTRATION AS A MEANS OF REACHING THE HOMELESS VETERANS.

FURTHERMORE, AT THE HEARING I HELD IN NEW YORK CITY, I WAS INFORMED BY COMPTROLLER GOLDIN THAT TRAINING WORKSHOPS HAVE BEEN HELD FOR VETERANS REPRESENTATIVES AND THEIR SUPERVISORS WHICH HAVE RESULTED IN A GREATER UNDERSTANDING OF THE NEEDS OF THE HOMELESS VETERAN BY THE SHELTER STAFF AND THE VETERANS' COUNSELORS. COMPTROLLER GOLDIN BELIEVES, AND I AGREE, THAT THE HOMELESS VETERAN OUTREACH HAS PROVEN USEFUL BECAUSE THE VARIOUS UNITS OF GOVERNMENT WORKED TOGETHER. I BELIEVE THIS IS A USEFUL POINT FOR THE SUBCOMMITTEE TO REMEMBER AS IT CONSIDERS THIS ISSUE.

HOWEVER, I MUST REPORT TO YOU, MR. CHAIRMAN, THAT MY EFFORTS TO GET THE VETERANS ADMINISTRATION HERE IN WASHINGTON TO ADOPT A NATIONAL POLICY ON THIS PROBLEM HAVE NOT MET WITH AS MUCH SUCCESS. IN MY ROLE AS THE RANKING MINORITY MEMBER OF THE HUD AND INDEPENDENT AGENCIES SUBCOMMITTEE, WHICH FUNDS THE VA, I HAVE CONSISTENTLY BROUGHT THIS PROBLEM TO THE ATTENTION OF VA OFFICIALS AT THEIR ANNUAL APPROPRIATIONS HEARINGS. WHILE AT FIRST THEY DENIED THAT THE PROBLEM EXISTED, THE STATISTICS I WAS ABLE TO DEVELOP SEEM TO HAVE CONVINCED THEM OF THE EXISTENCE OF THE PROBLEM. SINCE THAT TIME, THE PROGRESS HAS BEEN SLOW, AND THE VA IS AT PRESENT BOGGED DOWN IN A JOINT STUDY OF THE PROBLEM WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

MR. CHAIRMAN, IN YOUR INVITATION TO TESTIFY, YOU ASKED THAT WE SHED SOME LIGHT ON WHAT CIRCUMSTANCES HAVE LED TO THIS SEEMING FLOOD OF HOMELESS VETERANS. I BELIEVE IT WOULD BE REASONABLE TO ASSUME THAT THE DELAYED STRESS SYNDROME SO PREVALENT IN VIETNAM-ERA VETERANS HAS PLAYED A ROLE IN THIS PROBLEM. WE HAVE DEVOTED RESOURCES TO THIS PROBLEM. PERHAPS WE SHOULD CONSIDER SOME MANNER OF STUDY TO DETERMINE THE CORRELATION OF HOMELESSNESS AMONG VETERANS WITH THIS AFFLICTION.

OVER THE LAST SEVERAL YEARS, THE CONGRESS, THROUGH MY SUBCOMMITTEE'S BILL, HAS PROVIDED $185 MILLION FOR JOB RETRAINING. THIS IS A RELATIVELY NEW PROGRAM, HAVING BEEN CREATED IN THE 98TH CONGRESS. PERHAPS IT IS TIME YOUR SUBCOMMITTEE TOOK A CLOSE LOOK AT THIS PROGRAM TO DETERMINE IF IT IS REACHING THOSE MOST IN NEED.

AS THOSE HERE IN THIS ROOM WELL KNOW, THE DEMAND ON VETERANS MEDICAL SERVICES IS AT AN ALL-TIME HIGH AND WILL CONTINUE TO GROW. THE AGING OF THE WWII POPULATION, COUPLED WITH NEW DEMANDS ON MEDICAL CARE ARE GOING TO FORCE US TO MAKE SOME DIFFICULT FUNDING DECISIONS IN THE NEAR FUTURE. I APPLAUD YOU, MR. CHAIRMAN, AND THIS SUBCOMMITTEE FOR TAKING THIS ISSUE HEAD-ON, AS SOME DETERMINATION MUST BE MADE OF THE SIZE OF THE HOMELESS VETERAN POPULATION SO WE CAN MAKE ACCURATE DETERMINATIONS AS TO HOW TO ALLOCATE OUR RESOURCES.

IN CONCLUSION, I URGE YOU TO GIVE THOUGHT TO ESTABLISHING A PERMANENT VA PRESENCE AMONG THE HOMELESS, PERHAPS AS COUNSELORS WITHIN THE HOMELESS SHELTERS. WE SHOULD REEXAMINE THOSE PROGRAMS PROVIDING CARE, JOB ASSISTANCE OR BENEFITS TO VETERANS TO ASCERTAIN THAT THEY MEET THE NEEDS OF HOMELESS VETERANS. HOWEVER, AS A FIRST STEP, I BELIEVE WE HAVE TO EDUCATE VA OFICIALS HERE IN WASHINGTON TO THE SERIOUSNESS OF THE PROBLEM. UNTIL THEY BECOME CONVINCED, AS I AM, THAT HOMELESS VETERANS FORM A SIGNIFICANT PORTION OF THE NATION'S HOMELESS, WE SHALL HAVE A DIFFICULT JOB. MR. CHAIRMAN, THIS HEARING TODAY IS AN IMPORTANT FIRST STEP IN THAT PROCESS, AND I AGAIN THANK YOU FOR INVITING ME TO TESTIFY.

STATEMENT OF THE HONORABLE BILL BONER

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

THANK YOU FOR PERMITTING ME TO TESTIFY BEFORE THE SUBCOMMITEE AS YOU ASSESS THE NEEDS OF OUR NATION'S HOMELESS VETERANS.

AS A MEMBER OF THE HUD-INDEPENDENT AGENCIES APPROPRIATIONS SUBCOMMITTEEE, I HAVE ASKED THE VETERANS ADMINISTRATION SEVERAL TIMES TO DESCRIBE THEIR EFFORTS TO IDENTIFY AND ASSIST HOMELESS VETERANS. THE ANSWERS HAVE BEEN LESS THAN RESPONSIVE, ALTHOUGH I MUST ACKNOWLEDGE RECEIPT OF A LETTER DATED JULY 1 FROM VA ADMINISTRATOR THOMAS TURNAGE PRESENTING SOME SURPRISING STATISTICS ABOUT HOMELESS VETERANS IDENTIFIED AT VET CENTERS. THESE NUMBERS RAISE AS MANY QUESTIONS AS THEY ANSWER. BUT, FIRST, LET ME DESCRIBE MY OWN INTEREST IN THE PROBLEMS OF HOMELESSNESS IN OUR NATION.

TWO YEARS AGO, I LIVED WITH NASHVILLE'S HOMELESS FOR TWO DAYS AND TWO NIGHTS. I WAS SURPRISED AT THE SIZE OF THE HOMELESS POPULATION ON NASHVILLE'S STREETS. BASED ON SEVERAL CENSUS COUNTS THAT WERE TAKEN IN 1984, ON ANY GIVEN NIGHT THERE ARE BETWEEN 600 AND 900 INDIVIDUALS LIVING IN SHELTERS OR ON THE STREETS OF DOWNTOWN NASHVILLE.

I WAS ALSO IMPRESSED WITH THE VOLUNTARY EFFORT BEING UNDERTAKEN BY INDIVIDUALS AND COMMUNITY ORGANIZATIONS TO FEED AND SHELTER THE HOMELESS. WITH LITTLE ASSISTANCE OR SUPPORT FROM THE FEDERAL OR STATE GOVERNMENT, THESE INDIVIDUALS AND ORGANIZATIONS WERE SERVING SEVERAL THOUSAND MEALS A DAY AND PROVIDING SEVERAL HUNDRED BEDS EACH NIGHT.

IN THE FALL OF 1984, I HELPED SECURE A GRANT FROM THE ROBERT WOODS FOUNDATION AND PEW MEMORIAL TRUST TO ESTABLISH A DOWNTOWN MEDICAL CLINIC TO SERVE THE HOMELESS. BEFORE THE CLINIC OPENED ITS DOORS, I ORGANIZED A MEETING BETWEEN VETERANS ADMINISTRATION OFFICIALS IN NASHVILLE AND REPRESENTATIVES FROM THE CLINIC. THE PURPOSE OF THE MEETING WAS TO ESTABLISH A LIAISON BETWEEN THE TWO ORGANIZATIONS.

I AM PLEASED TO REPORT THAT THE LIAISON HAS WORKED FAIRLY WELL AND HOLDS EVEN GREATER PROMISE. DESPITE SCARCE RESOURCES AND OTHER ADMINISTRATIVE PROBLEMS, THE NASHVILLE VA OFFICE HAS BEEN IN THE FOREFRONT OF TRYING TO SERVE HOMELESS VETERANS. I WOULD LIKE TO COMMEND PUBLICLY VA ADMINISTRATOR BOB BIELAK AND HIS STAFF FOR THEIR TREMENDOUS WILLINGNESS TO WORK WITH THE CLINIC STAFF. BY ALL ACCOUNTS, THE VA STAFF HAS BEEN RECEPTIVE TO REQUESTS FOR ASSISTANCE WHEN HOMELESS VETERANS ARRIVE FOR TREATMENT AT THE CLINIC'S DOORSTEP.

IN THIS REGARD, WHAT HAS BEEN MOST VALUABLE ABOUT THE LIAISON IS THAT IT HAS IDENTIFIED SEVERAL PROBLEM AREAS PREVENTING EVEN GREATER ASSISTANCE TO HOMELESS VETERANS.

LET ME BRIEFLY DESCRIBE HOW THE RELATIONSHIP HAS EVOLVED. ONE OF THE FIRST ACTIVITIES UNDERTAKEN WAS FOR THE VA AND THE CLINIC TO SHARE INFORMATION ABOUT EACH ORGANIZATION'S ROLE, RESOURCES AND RESPONSIBILITIES. THE VA FAMILIARIZED SOCIAL WORKERS AT THE CLINIC WITH SOME OF THE VA'S PROGRAMS AND ELIGIBILITY REQUIREMENTS. SIMILARLY, THE CLINIC CONDUCTED SENSITIVITY TRAINING SESSIONS FOR THE VA COUNSELORS.

ONE OF THE PROBLEMS DISCOVERED IS THE IMPRESSION THAT THE VETERANS ADMINISTRATION IS AN IMPERSONAL, INTIMIDATING AND OFTEN SLOW BUREAUCRACY. THIS MAY NOT BE AN ENTIRELY ACCURATE IMPRESSION BUT, INTERESTINGLY, IT IS AN IMPRESSION REPEATEDLY FOUND IN THE INTERVIEWS WITH HOMELESS VETERANS. ONE REASON MAY BE THAT MOST OF THE HOMELESS VETERANS INTERVIEWED HAVE HAD PREVIOUS CONTACT WITH THE VA. THIS SUGGESTS THAT ONE OF THE AREAS THAT SHOULD BE INVESTIGATED BY THIS COMMITTEE IS WHETHER THERE ARE VA POLICIES OR PROCEDURES WHICH MAY BE CONTRIBUTING TO THE NUMBER OF HOMELESS VETERANS ON THE STREETS. I KNOW THAT ONE OF THE SERVICE ORGANIZATION REPRESENTATIVES HERE TODAY WILL RAISE THIS ISSUE WITH RESPECT TO VA DIAGNOSTIC POLICIES THAT MAY BE ENCOURAGING PREMATURE DISCHARGES. CONGRESS HAS BEGUN INVESTIGATING SIMILAR PROBLEMS UNDER THE MEDICARE PROGRAM AND I BELIEVE THIS SHOULD BE CAREFULLY STUDIED.

THE IMPRESSION THAT THE VA IS LARGE AND IMPERSONAL UNDERSCORES THE VALUE OF THE CLINIC'S SENSITIVITY TRAINING. BOTH NASHVILLE'S VA REPRESENTATIVES AND THE WORKERS AT THE CLINIC TOLD ME THAT THE TRAINING HAS HELPED VA'S COUNSELORS DISPELL THE IMPRESSION AND OVERCOME THE RELUCTANCE THEY OFTEN FACED FROM THE HOMELESS VETERANS THEY TALKED TO AND INTERVIEWED.

TO IDENTIFY VETERANS AMONG THE HOMELESS, CLINIC PERSONNEL INTERVIEW HOMELESS INDIVIDUALS WHO ARRIVE AT THE CLINIC FOR TREATMENT. AS PART OF THE INTERVIEW QUESTIONNAIRE, SEVERAL QUESTIONS ARE ASKED ABOUT VETERANS STATUS. IN THE LAST YEAR, ABOUT 25 PERCENT OF THOSE ARRIVING AT THE CLINIC HAVE BEEN IDENTIFIED AS VETERANS. VA ELIGIBILITY REQUIREMENTS, HOWEVER, WHITTLE THE NUMBER OF VETERANS ELIGIBLE FOR MEDICAL OR OTHER BENEFITS TO LESS THAN 10 PERCENT OF THE VETERANS INTERVIEWED. IF THERE IS A QUESTION OR CONFUSION ABOUT POSSIBLE ELIGIBILITY, THE VA IS CALLED AND THE INDIVIDUAL REFERRED TO THE VA OFFICE UP THE STREET FROM THE CLINIC FOR FURTHER PROCESSING.

WHAT HAS BEEN LEARNED THROUGH THIS LIAISON? THE STAFF AT THE CLINIC LISTED AS THE GREATEST OBSTACLE TO ASSISTING HOMELESS VETERANS WITH MEDICAL PROBLEMS THE ELIGIBILITY REQUIREMENTS GIVING PRIORITY MEDICAL TREATMENT TO VETERANS WITH SERVICE-CONNECTED DISABILITIES. VETERANS WITH NON-SERVICE CONNECTED DISABILITIES WHO SUFFER MEDICAL PROBLEMS RESULTING FROM BEING ON THE STREETS ARE NOT REFERRED TO THE VA MEDICAL CENTER FOR OUTPATIENT TREATMENT. THUS, THE CLINIC IS THE ONLY AVAILABLE MEDICAL RESOURCE AVAILABLE TO MOST HOMELESS VETERANS.

THE UNDERLYING ELIGIBILITY POLICY FOR PROVIDING MEDICAL TREATMENT HAS BEEN MADE HERE BY THE CONGRESS. WHILE THERE ARE MERITS IN SUPPORT OF THIS POLICY, IT NONETHELESS HAS HAD A TREMENDOUS IMPACT IN TREATING TWO OF THE PROBLEMS MOST OFTEN FOUND AMONG HOMELESS VETERANS, AS WELL AS OF HOMELESS NON-

VETERANS. THOSE PROBLEMS ARE ALCOHOL AND DRUG ABUSE. ACCORDING TO THE CLINIC STAFF, ALMOST 90 PERCENT OF THE VETERANS THEY TREAT HAVE ONE OR BOTH OF THESE TWO PROBLEMS. THEY TELL ME THAT THIS IS HIGHER THAN THE PERCENTAGE FOUND IN THE NON-VETERAN HOMELESS POPULATION IN NASHVILLE.

THERE DOES NOT APPEAR TO BE ANY COORDINATED POLICY FOR PROVIDING OUTPATIENT TREATMENT TO HOMELESS VETERANS FOR THESE TWO PROBLEMS. THE SAME CRITERIA FOR MEDICAL CARE ELIGIBILITY ARE USED FOR TREATING ALCOHOL AND DRUG ABUSE, RESULTING IN THE CLINIC STAFF HAVING TO STEER HOMELESS VETERANS AWAY FROM THE NASHVILLE VA MEDICAL CENTER. IN ADDITION, THERE IS AN IMMEDIATE NEED FOR DETOXIFICATION, WHICH IS UNAVAILABLE IN THE ABSENCE OF OTHER MEDICAL PROBLEMS, AND THE NEAREST ALCOHOL ABUSE TREATMENT PROGRAM IS AT THE MURFREESBORO VA MEDICAL CENTER, ABOUT 20 MILES OUTSIDE NASHVILLE. FAILURE TO TREAT THESE TWO PROBLEMS OFTEN LEADS TO OTHER PROBLEMS, INCLUDING VIOLENCE, DISPAIR AND SUICIDE.

I ENCOURAGE THE COMMITTEE TO EVALUATE WHETHER IT IS POSSIBLE TO CHANGE THE SPECIFIC ELIGIBILITY POLICY FOR ALCOHOL AND DRUG ABUSE TREATMENT. READILY AVAILABLE OUTPATIENT TREATMENT OF SUBSTANCE ABUSE FOR ALL HOMELESS VETERANS, AND THE AVAILABILITY OF EMERGENCY DETOXIFICATION, WOULD BE A STEP TOWARD BREAKING THE SELF-DESTRUCTIVE CYCLE IN WHICH MANY HOMELESS VETERANS FIND THEMSELVES. THIS WAS ONE OF THE SPECIFIC RECOMMENDATIONS THE CLINIC STAFF MADE TO ME AND ONE WHICH IS SUFFICEINTLY FOCUSED TO ALLOW THE VA TO EXPERIEMENT WITH TAILORING A PROGRAM TO THE NEEDS OF HOMELESS VETERANS.

ANOTHER RECOMMENDATION SUGGESTED BY THE CLINIC STAFF WAS THAT THERE BE GREATER VA OUTREACH. I KNOW THAT LIMITED STAFF RESOURCES PREVENTS THE NASHVILLE VA STAFF FROM VISITING SHELTERS MORE THAN TWO OR THREE TIMES A YEAR. BUT THE IMPRESSION THAT THE VA IS A HUGE IMPERSONAL BUREAUCRACY CAN BE DISPELLED WITH A GREATER PUBLIC PRESENCE AT THE HOMELESS SHELTERS AND FOOD KITCHENS. IN ADDITION, A LARGER NUMBER OF VETERANS MAY BE REACHED WITH THIS KIND OF OUTREACH EFFORT, RATHER THAN ASSISTING PRIMARILY THOSE HOMELESS VETERANS COMING INTO THE CLINIC.

SIMILARLY, THE VA SHOULD NOT FOCUS ITS EFFORTS SOLELY ON HOMELESS VIETNAM ERA VETERANS COMING INTO VET OUTREACH AND COUNSELING CENTERS. ADMINISTRATOR TURNAGE'S JULY 1ST LETTER LISTS THE NUMBER OF HOMELESS VETERANS IDENTIFIED AS NEW CASES AT THE CENTERS. IF THIS NUMBER REPRESENTS THE NUMBER OF INDIVIDUALS WHO WALKED THROUGH THE VET CENTER DOORS IN THE OCTOBER TO FEBRUARY PERIOD, THEN IT MOST LIKELY UNDER-REPRESENTS THE NUMBER OF HOMELESS VETERANS, PARTICULARLY NON-VIETNAM ERA VETERANS, LIVING ON THE STREETS.

MANY SURVEYS SHOW THAT ABOUT A QUARTER OF ALL HOMELESS INDIVIDUALS ARE VETERANS. WHILE OTHER EXPERTS CAN INFORM THE COMMITTEE ABOUT WHERE MOST OF THE HOMELESS ARE, I BELIEVE THE VA CAN MAKE A GREATER EFFORT TO IDENTIFY VETERANS WHO SPEND NIGHTS IN HOMELESS SHELTERS AND RECEIVE MEALS AT FOOD KITCHENS. HOW?

BY RELYING LESS ON FIXED STOREFRONT VET CENTERS AND OTHER VA FACILITIES AND WAITING FOR HOMELESS VETERANS TO PASS THROUGH THE DOORS AND, INSTEAD, INCREASING THE NUMBER OF VA FIELD REPRESENTATIVES WHO CAN VISIT SHELTERS, KITCHENS, SINGLE-ROOM-OCCUPANCY HOTELS, AND OTHER LOCATIONS FREQUENTED BY HOMELESS INDIVIDUALS.

BY TRAINING SOCIAL WORKERS, CHURCH VOLUNTEERS AND OTHER SHELTER WORKERS AND FAMILIARIZING THEM WITH VA SERVICES AND ELIGIBILITY REQUIREMENTS.

AND BY DESIGNATING MORE VA OFFICIALS TO ACT AS LIAISON WITH COMMUNITY ORGANIZATIONS AND SHELTER SPONSORS. I BELIEVE THE PEOPLE WORKING WITH THE HOMELESS REPRESENT AN UNTAPPED RESOURCE WHICH THE VA COULD TAP.

IMPLEMENTING THESE RECOMMENDATIONS WILL COST MONEY. BUT I BELIEVE THAT THE HUD-INDEPENDENT AGENCIES SUBCOMMITTEE IS PREPARED TO APPROPRIATE FUNDS FOR A PROGRAM FOCUSED ON THE NEED TO IDENTIFY AND ASSIST HOMELESS VETERANS. PERHAPS THE VA COULD PROPOSE A PILOT PROGRAM FOR SEVERAL URBAN AREAS OF THE COUNTRY.

NATURALLY, HOMELESS INDIVIDUALS ARE A VERY DIFFICULT POPULATION TO ASSIST. SOME OF THE REASONS WHICH CONTRIBUTE TO AN INDIVIDUAL'S HOMELESSNESS CAN POSE A BARRIER TO ANY EFFORT TO ASSIST HIM OR HER. BUT THIS FACT SHOULD NOT PREVENT EFFORTS GREATER THAN WHAT HAVE BEEN TAKEN TO DATE, PARTICULARLY IN TREATING ALCOHOL AND DRUG ABUSE.

LAST YEAR, WHEN I ASKED THEN-ADMINISTRATOR HARRY WALTERS ABOUT THE RESOURCES VA PLANNED TO DEVOTE TO IDENTIFYING THE HOMELESSS, I WAS ASSURED THAT HE WAS STUDYING THE PROBLEM, PARTICIPATING IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TASK FORCE, AND CONSIDERING SOLUTIONS. THIS PAST MARCH, WHEN I POSED THE SAME QUESTIONS TO THEN-ACTING ADMINISTRATOR EVERETT ALVAREZ, I WAS TOLD ABOUT VA'S OUTREACH EFFORT, WHICH WAS FOLLOWED UP BY ADMINISTRATOR TURNAGE'S JULY 1ST LETTER, WHICH I WOULD LIKE TO MAKE PART OF THE COMMITEE'S HEARING RECORD.

I HOPE THE REPRESENTATIVE FROM THE VA CAN EXPLAIN TO THE COMMITTEE THE SIGNIFICANCE OF THE NUMBERS IN THE ADMINISTRATOR'S LETTER AS WELL AS THE DISPOSITION OF THE 1,708 HOMELESS VETERANS REFERRED TO OTHER VA SERVICES DURING THE SIX MONTH PERIOD REPORTED . THIS LETTER MAY REPRESENT A GOOD START, ALTHOUGH THE ARE MANY QUESTIONS WHICH THE NUMBERS THEMSELVES CANNOT ANSWER.

I BELIEVE THIS COMMITTEE'S HEARING INVESTIGATING VA'S EFFORTS MAY RESULT IN CONCRETE PROPOSALS WHICH THE VA CAN IMPLEMENT. TO THAT END, I HOPE THE LIMITED EXPERIENCE IN NASHVILLE BETWEEN THE VA OFFICE AND THE HEALTH CARE CLINIC FOR THE HOMELESS WILL SUGGEST WHAT OPPORTUNITIES AND WHAT BARRIERS FACE ALL OF US WHO WANT TO HELP THE HOMELESS.

THANK YOU MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE.

FOR RELEASE ONLY ON DELIVERY

STATEMENT

BY

DR. HARVEY R. VIETH

CHAIRMAN, FEDERAL TASK FORCE ON THE HOMELESS

FAMILY SUPPORT ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

EDUCATION, TRAINING AND EMPLOYMENT SUBCOMMITTEE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 1986

Mr. Chairman and members of the Subcommittee, as Chairman of the Federal Task Force on the Homeless, I am pleased to have the opportunity to testify before you today. With me today is Mr. James Hunter, of the Office of Intergovernmental Affairs in HHS. His office coordinates HHS activities relating to veterans affairs and activities in our regional offices relating to the homeless.

I have been asked to address the nature and extent of Federal involvement in efforts to help homeless persons, particularly homeless unemployed veterans. My testimony will focus on the Task Force's efforts to identify and coordinate Federal activities to help feed and shelter the homeless. Witnesses from the Labor Department and the Veterans Administration will speak more specifically about their activities to help homeless unemployed veterans.

Federal Task Force

The Federal Task Force on the Homeless was established in October 1983 to enable the Federal government to coordinate Federal activities to serve the homeless. The Task Force includes representatives from 15 Federal agencies. I, as the Chairman, represent HHS, and a representative from HUD is the Vice-Chairman. The other 13 members represent: Veterans Administration, Labor, Defense, Agriculture, Commerce, Education, Energy, Interior, Transportation, ACTION, Federal Emergency Management Agency, General Services Administration, and U.S. Postal Service. Each representative has been personally selected to serve on the Task Force by the head of each agency.

The charter of the Task Force is based on the following principles:

1. Homelessness is essentially a problem handled best at the local level. The problem surfaces at the community level and, as such, efforts to resolve it must be focused at that level. Representatives at the local levels can best assess the needs of their homeless population, and pull together and deliver the appropriate support and assistance, with creativity and compassion.
2. The Federal government supports programs and provides resources to help the homeless. There is a considerable array of existing Federal resources which can be tapped at the State and local levels to help the homeless. These resources include numerous public assistance programs for which the homeless are eligible, as well as surplus building space, supplies, equipment and food. There are additional resources at the State and local levels which can be used to serve the needs of the homeless.
3. Information on existing community-based strategies needs to be shared with other communities. The kinds of activities that can meet the needs of different categories of homeless persons are all being done now somewhere in this country. Therefore, a systematic effort is needed to document and disseminate what is happening, so that other communities can benefit from this experience.

In the light of these principles, the role of the Task Force can be summed up as follows:

1. Identifying potential resources controlled by Federal agencies.

2. Cutting red tape and helping to remove impediments so that these resources can be more effectively targeted to the homeless.

3. Acting as a facilitator or broker between local governments, shelter providers, and Federal agencies, but only when such assistance is requested by local groups or local officials.

4. Serving as an information source on homeless services and issues for the White House, Congress and the provider community.

5. Assisting in identifying examples of successful local approaches to serve the homeless and assisting in disseminating this information throughout the provider community.

Who are the Homeless?

The traditional image of the homeless person as a middle-aged, white male alcoholic no longer holds true. In fact, on the average, homeless persons today are in their mid-thirties. Various studies have shown that the homeless consist of 60-66% single men, 12-13% single women, and 21-27% family groups.*

Most studies show that one-third of the homeless have chronic mental illness, up to one-quarter are alcoholic or substance abusers, and a disproportionate number, 44%, are minorities. Of note to this Subcommittee, one-quarter to one-third report that they are veterans. Of course, there is a great deal of overlap among these categories.

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*The statistics in this section are from a May 1984 "Report to the Secretary on the Homeless and Emergency Shelters" issued by the U.S. Department of Housing and Urban Development, and from a January 1986 report of the U.S. Conference of Mayors entitled the Growth of Hunger, Homelessness and Poverty in America's Cities in 1985 - A 25 City Survey."

While the homeless are found throughout the country, in small and large cities as well as in rural areas, the problem is much greater in larger urban areas -- possibly because more services and resources are found there.

Causes of Homelessness

While many factors contribute to the problems of the homeless, the Task Force considers the major causes to be:

1. Mental illness/deinstitutionalization;
2. Alcohol/drug abuse; and
3. Economic and personal crises - such as, loss of employment, eviction, lack of low-cost housing, divorce, and domestic violence.

Most of the homeless population falls in the first two groups -- the chronically mentally ill and the substance abusers. Unfortunately, these are often the most difficult persons to help. The significant increase in this segment of the homeless population is partly attributable to deinstitutionalization. Nationally, the number of individuals in mental hospitals and institutions declined from 505,000 in 1963 to 125,000 in 1981, without a sufficient corresponding increase in community-based mental health support systems.

Many individuals in the third group - those homeless because of economic and personal crises - are homeless for only a short period of time, until they resolve their personal crises or find new employment. The lack of affordable housing is also a factor. In the past 10 years, gentrification and urban renewal have led to the loss of over 1 million single room occupancy units (e.g., rooming houses, usually with a shared bath) and other low cost housing.

Federal Programs

The Task Force has identified over 50 Federal programs that can be used to help the homeless. Many of these programs are block grants that can be used for a wide variety of purposes, including feeding and sheltering the homeless.

Decisions on how to spend block grant funds generally rest at the State or local level. Therefore, a shelter provider or other interested party must approach the State or locality to request that block grant funds be directed to homeless services. Other Federal programs include entitlement or discretionary grant programs. Assistance from these programs is provided directly to individuals or institutions.

The Task Force works with its members in identifying usable resources and in suggesting ways in which they can be targeted more effectively. At the same time, the responsibility for carrying out a given activity resides with the appropriate agency.

For example, the Task Force has negotiated ten agreements with Federal agencies to support local food and shelter operations. These include agreements with: HUD and USDA's Farmers Home Administration to use single-family homes in their inventories as shelters; DOD to renovate and lease DOD facilities as shelters, to store goods for foodbanks in their warehouses, and to donate nonmarketable foodstuffs from their commissaries to foodbanks; and GSA to lease vacant Federal buildings as shelters, and to donate surplus Federal equipment to foodbank and shelter operators.

In addition to negotiated agreements, there are a number of ongoing activities. For example, the Social Security Administration and the Veterans Administration have established programs to reach out to homeless individuals who may be eligible for benefits they administer. As part of these outreach activites, staff provide information on benefit requirements to shelter operators, and even travel to shelters and soup kitchens to talk with the homeless about their potential eligibility.

Another example is the Labor Department's activities which have made it easier for the homeless to participate in job-training programs. They are also in the process of establishing a model program in 10 cities for homeless unemployed veterans. The Labor and VA witnesses will discuss these activities in more detail.

Conclusion

In closing, I would note that agencies throughout the Federal government -- those represented on the Task Force as well as others -- have generally been extremely cooperative. Together, we will continue to work with States and communities in serving the needs of the homeless.

Thank you for the Subcommittee's interest in this vital issue. I would be happy to answer any questions you may have.

Office of the Administrator
of Veterans Affairs
Washington, D.C. 20420

JUL 1 1986

Honorable William H. Boner
House of Representatives
Washington, DC 20515

Dear Mr. Boner:

At the House Appropriations Committee Subcommittee on HUD and Independent Agencies hearing on the VA budget held on March 4-6, 1986 you asked that the Veterans Administration report to you on the results of a recent study of services to homeless veterans being provided by VA Vietnam Veteran Outreach and Counseling Centers (Vet Centers). You also requested that the report include a determination of staff hours being devoted to service in this area.

The following are the results of our count of homeless veterans case activity at Vet Centers from October 1985 through February 1986.

o Estimated total new cases opened	28,000
o Number of new cases which were homeless Vietnam era veterans	3,050
o Percent of new cases in Vet Centers which are homeless veterans	10.9 percent
o Estimate of total staff hours devoted to homeless veterans cases	6,243
o Average number of staff hours per case	2.05 hrs.
o Total number of homeless veteran cases referred on to other VA services	1,708
o Total number of cases referred to non-VA services	1,342

Thank you for your interest in VA services to homeless veterans. Please contact me if you require any further information on this topic.

Sincerely,

THOMAS K. TURNAGE
Administrator

"America is #1—Thanks to our Veterans"

October 1986

FEDERAL TASK FORCE ON THE HOMELESS

Summary of Activities

In November 1983, HHS Secretary Heckler established a Federal Task Force on the Homeless, composed of 15 federal agencies and chaired by HHS. HUD recently agreed to serve as the vice-chair. The role of the Task Force is primarily to cut red tape so that existing resources within the control of the federal government can be targeted more effectively towards the problems of the homeless. Specifically, the purpose of the Task Force is to:

- Identify existing resources that can be targeted more effectively to help the homeless.
- Cut red tape and remove impediments to the use of those existing resources.
- Serve as a broker between federal agencies on the one hand and State/local governments and the private sector on the other hand.
- Gather and disseminate practical information useful to State/local governments and soup kitchen and shelter providers.

The Task Force staff works with its 15 member agencies and regional office staff to accomplish its goals. Most of the work of necessity is performed by the agencies and regional offices, but the Task Force suggests activities and areas of focus, and works with them to identify and remove red tape.

Significant Accomplishments

- The Task Force has negotiated 10 interagency agreements with federal agencies to support local food and shelter operations. (Copy attached).
- The Task Force has identified nearly 70 existing federal programs that may be used to help the homeless. (Copy attached).
- Nearly 15,000 Resource Guides on helping the homeless have been distributed.
- DOD and GSA surplus buildings are being used as shelters for the homeless and as foodbank warehouses.
- Single family homes in HUD and USDA (FmHA) inventories are being leased for $1.00 per year for use as shelters.
- Over $3.5 million worth of surplus federal equipment (e.g., beds, clothing, kitchen equipment) have been donated to soup kitchens and shelters. The categories of military surplus equipment that may be donated have been expanded.

- o USDA surplus food (1.1 billion pounds of food worth $1.3 million in FY 1984) has been donated to soup kitchens and shelters.

- o Over 4 million pounds of surplus unmarketable food from military commisaries was donated to foodbanks nationwide since February 1983, almost half of that in the last year. The categories of food that may be donated was recently expanded.

- o Social Security Administration implemented an outreach program to identify those homeless persons eligible for benefits.

- o Outreach programs to veterans and other service organizations are underway.

- o FEMA has distributed $300 million to support local Emergency Food and Shelter projects.

- o State/local governments have been made aware that various block grant funds can be used to help the homeless. (e.g., Between October 1982 - March 1985, $74 million in CDBG funds were used to shelter the homeless).

- o The needs of the homeless are receiving more emphasis under other federal programs, such as mental health programs and VISTA.

- o The Task Force has provided technical assistance to numerous providers and communities desiring to establish food or shelter programs and has spoken to numerous groups in both the public and private sector.

- o The Task Force co-sponsored with the American Institute of Architects symposiums on shelter for the homeless.

- o Task Force agencies are co-funding an evaluation of a project sponsored by the Robert Wood Johnson Foundation to help the chronically mentally ill, many of whom are homeless.

- o Agriculture has clarified to the States that there is no requirement for a fixed address or a place to cook in order to receive food stamps.

- o HUD has changed some of its regulations to give priority to the homeless.

- o Examples of representative HHS regional office activity are attached for your information.

February 1985

FEDERAL INTERAGENCY AGREEMENTS TO HELP THE HOMELESS

The Federal Task Force on the Homeless is chaired by the Department of Health and Human Services (HHS) and includes representatives from 12 other agencies. A major thrust of the Task Force has been the negotiation of agreements with Federal agencies to provide assistance to communities in obtaining shelter, food, clothing, and supportive services for the homeless. These agreements are summarized below for your information and easy reference. Implementation of these agreements is accomplished through HHS Regional Representatives (see enclosed list). Any questions about these agreements should first be raised to the HHS Regional Representatives, and then, if not satisfied, directed to the Task Force at:

Federal Task Force on the Homeless
Room 548, Brown Building
1200 19th Street, N.W.
Washington, D.C. 20506

Telephone: (202) 254-6004

The interagency agreements currently consist of the following:

SURPLUS FEDERAL PROPERTY, EQUIPMENT, AND CLOTHING

1 - The General Services Administration (GSA) has agreed to facilitate donation of surplus federal property, equipment, and clothing to food banks and shelter projects.

GSA's donation program is one of federal cooperation with state governments. Food bank and shelter operators can apply through county and city governments to State Property Offices to requisition surplus federal property, equipment, and clothing. The property and equipment available include such things as refrigerators, fire extinguishers, heaters, kitchen supplies, medical supplies, and furniture.

See the attached "Procedures for Obtaining GSA Surplus Property and Surplus Clothing" for more specific information on how to obtain these items.

USE OF MILITARY FACILITIES FOR SHELTERS

2 - The Department of Defense (DOD) has agreed to make available appropriate military facilities to be used as homeless shelters. When necessary, such facilities will be renovated at DOD expense.

Vacant DOD facilities can be used to shelter small or large numbers of homeless individuals.

If you are interested in a DOD facility, contact the nearest HHS Regional Representative, who will then work with the DOD contacts to find appropriate facilities for your organization.

If at any time you should find a vacant facility in your area that you think would be appropriate for your needs, and which you assume to be owned by the Federal government, contact the HHS Regional Representative.

USE OF EXCESS OR SURPLUS FEDERAL REAL PROPERTY

3 - The General Services Administration (GSA) has agreed to make appropriate vacant Federal facilities, not targeted for other use or immediate disposition, available for shelter-related projects.

If any appropriate GSA facilities are available, they can be used to store food or property, or to shelter homeless individuals, where State or local facilities cannot meet the need.

If you think a vacant facility owned by the Federal government in your area would be appropriate for your needs, contact the HHS Representative in your area with the address of the property. If you are interested in a GSA facility, do not call GSA directly. Contact the nearest HHS Regional Representative, who will then work with local government officials and GSA to find appropriate facilities for your organization.

Also, temporarily unneeded space which is retained in GSA's public buildings inventory is periodically advertised for sealed-bid leasing. Through this bidding process, a charitable agency can lease excess Federal space for a set period of time.

FEDERAL HOUSING FOR HOMELESS FAMILIES - URBAN AREAS

4 - The Department of Housing and Urban Development (HUD) has agreed to lease, at the lowest possible cost, single-family homes in HUD-held inventory to local governments or local organizations for use as interim dwellings for homeless families.

Certain single-family homes in HUD-held inventory, not otherwise targeted for immediate disposition, are available under this agreement.

If you are interested in mounting a shelter program using a HUD single-family home, contact the HHS Regional Representative, who will then work with HUD to arrange for appropriate housing and lease agreements.

If at any time you should find a vacant facility in your area that you think would be appropriate for your needs, and which you assume to be owned by the Federal government, contact the HHS Regional Representative.

FEDERAL HOUSING FOR FAMILIES - RURAL AREAS

5 - The Department of Agriculture has authorized Farmer's Home Administration (FmHA) county supervisors to lease, at the lowest possible cost, single-family homes in FmHA-held inventory to local housing authorities or to community non-profit organizations for use as shelters for homeless families.

Single family homes in FmHA-held inventory, not otherwise targeted for immediate disposition, are available under this agreement. This program initially will be operated as a pilot project in a few states.

If you are interested in mounting a shelter program using a FmHA single-family home, contact the HHS Regional Representative or the local FmHA county supervisor. They will work with the State housing authority and the Department of Agriculture to arrange for housing to lease to your organization or to a local official to shelter homeless families.

If at any time you should find a vacant facility in your area that you think would be appropriate for your needs, and which you assume to be owned by the Federal government, contact the HHS Regional Representative.

SURPLUS MILITARY FOOD

6 - The Department of Defense (DOD) has agreed to link food banks through HHS with military commissaries to allow the food banks to obtain non-marketable, surplus food stuffs from commissary vendors.

7 - The Department of Transportation (DOT) has agreed to link food banks through HHS with U.S. Coast Guard commissaries to allow the food banks to obtain non-marketable, surplus food stuffs from commissary vendors. (The Coast Guard is a part of DOT during peacetime).

DOD and Coast Guard commissaries, like other supermarkets, at times have food that they cannot sell, but that is still edible. These agreements with DOD and DOT are designed to direct food to persons in need rather than let it go to waste.

A food bank that wishes to join this program should contact the HHS Regional Representative to determine which military commissaries are available to participate in this program and to determine the best approach in gaining the support of the commissary's vendors. Food banks assume the responsibility for final inspection and distribution of the food and must bear any costs associated with food pick up and distribution.

In addition, food banks must provide HHS with a copy of their by-laws, proof of their tax-exempt status, evidence of suitable warehouse space, and a health certificate from the local health department stating that their facilities meet the standards for storage and distribution of food.

Soup kitchens, shelters, or others that wish to receive surplus food from food banks in this program should contact a participating food bank in your area. At that time you can arrange for transportation of the goods as well.

USE OF MILITARY WAREHOUSE SPACE FOR FOOD BANKS

8 - The Department of Defense (DOD) has agreed to make available military warehouse space to food banks for the storage of food.

If a food bank is interested in obtaining DOD warehouse space, contact the HHS Regional Representative, who will work with the DOD contacts to find appropriate facilities for your organization.

The food bank is responsible for the operation of the warehouse space and any foodstuffs stored in it.

If at any time you should find a vacant facility in your area that you think would be appropriate for your needs, and that you assume to be owned by the Federal government, contact the HHS Regional Representative.

WEATHERIZATION OF SHELTERS

9 - The Department of Energy (DOE) has clarified that shelters for the homeless may be eligible for assistance under the Weatherization Assistance Program (WAP).

To apply for weatherization assistance, an organization must submit an application to the local agency designated in the State's WAP Plan as the subgrantee for the area in which your organization is located. If you are interested in applying for weatherization assistance or have questions about this program, contact the HHS Regional Representative for referral to the appropriate DOE support office or State or local agency.

A dwelling unit is eligible for weatherization assistance if it is occupied by a "family unit" and if it can meet certain income requirements. DOE has clarified that a "family unit" includes all persons living in the dwelling, regardless of relationship. Shelters for the homeless therefore may qualify for the DOE grants. In general, the combined income for all the residents of the dwelling may not exceed 125% of the poverty level, which is adjusted for the number of residents of the dwelling, or the family unit must contain a member who has received certain cash assistance payments defined in the program regulations. A recent amendment to the program also provides States the option under certain conditions of using the eligibility criteria for HHS's Low Income Home Energy Assistance Program (LIHEAP).

Generally, DOE weatherization funds are channelled through local Community Action Programs (CAP's). The HHS regional representative can advise you as to the agency in your area that you should contact for more specific information.

NATIONAL GUARD SERVICES

10 - The National Guard (NGB) has agreed to make its facilities or manpower services available, within the mission of the NGB training operations, to support food and shelt - operations.

The National Guard primarily helps organizations that feed or shelter the homeless by transporting food, clothing, or other surplus property. They may also be able to provide other manpower services or allow the use of armories for storage, depending on the specific unit involved.

If you need transportation or other services, contact a local National Guard commander. You may also contact the State Adjutant General (see enclosed list) or the HHS Regional Representative.

FEDERAL TASK FORCE ON THE HOMELESS
200 Independence Avenue, S.W., Washington, D.C. 20201
(202) 475-0379

September 1986

MEMORANDUM

TO: Homeless Provider Community

FROM: Harvey R. Vieth Harvey R. Vieth
Chairman

SUBJECT: Summary of Federal Programs Available to Help the Homeless

Attached is a listing of Federal programs that can be used to help the homeless, along with their budget authority for fiscal year 1985. While we have attempted to use a broad perspective in identifying applicable Federal programs, this listing should not be considered as exhaustive.

Most of these programs were not designed specifically with the homeless in mind, but they can be used for that purpose. Some of these programs may be eliminated or scaled back as a result of budget reductions. In many cases, these programs are block grants that can be used for a wide variety of purposes, including feeding and sheltering the homeless. The decisions on how to spend these funds are often the responsibility of the states and/or localities. In these cases, the provider community must deal with the state or local government to apply for the funds, not the Federal government. In some cases, the funds go directly to an individual or institution, not a state or local government.

The dollar figures listed are for the program as a whole, unless specifically listed as benefiting the homeless. The Federal government is restricted by the Paperwork Reduction Act and other laws from asking states and localities for detailed expenditure reports on block grants and certain other funds. Accordingly, we are often not able to ascertain how much of the funds benefit the homeless as opposed to other eligible persons.

If you need more information on these programs, contact the Federal agency involved, the homeless representative in the regional office of the Department of Health and Human Services, or the Federal Task Force on the Homeless. Agency and HHS regional office addresses and telephone numbers are attached for your information.

Chair
Department of Health and Human Services

Vice Chair
Department of Housing and Urban Development

Member Agencies
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Interior
Department of Labor
Department of Transportation
ACTION
General Services Administration
Federal Emergency Management Agency
U.S. Postal Service
Veterans Administration

September 1986

SUMMARY OF FEDERAL PROGRAMS AVAILABLE TO HELP THE HOMELESS

AGENCY/PROGRAM	TOTAL 1985 FUNDS	1985 FUNDS TO HOMELESS
ACTION		
VISTA Volunteers	2200 Vol.	330 vol./72 proj.
Agriculture		
Food Stamp Program	$10.8B benefits	*
Charitable Institutions Food Distribution	$165M of food	*
Temporary Emergency Food Assistance Program (TEFAP)	$978M of food	*
Child Nutrition Programs	$4.4B	*
Special Supplemental Food Program for Women, Infants, and Children (WIC)	$1.5B	*
Use of Farmers Home Administration Owned Houses as Shelters	Not avail.	3 houses
Defense		
Use of Excess DOD Buildings as Shelters	600 bldgs. avail.	10 shelters
Excess Personal Property, Equipment, and Clothing	Not avail.	$2.4M
Surplus Commissary Food to Food Banks	Not avail.	1.8M lbs. of food
National Guard Services	Not avail.	*
Education		
State Administered Adult Education	$100M	*
Postsecondary Educ. for Handicapped	$5.3M	*
Vocational Educ. - Basic Grants to States	$691.5M	*
Basic Support for Rehabilitation Services	$1.1B	*
Rehabilitation Services Project Grants	$32.8M	*
Client Assistance for Handicapped	$6.3M	*
Rehabilitation Training	$22M	*
Centers for Independent Living	$27M	*
Nat'l. Inst. for Handicapped Research Grants	$39M	*
Voc. Ed. for Consumer/Homemaker Education	$31.6M	*
Energy		
Weatherization Assistance Program	$191M	*
Federal Emergency Management Agency		
Emergency Food and Shelter Program	$90M	$90M
General Services Administration		
Surplus Federal Personal Property, Equip., and Clothing	Not avail.	*
Use of Excess/Surplus Federal Real Property	Not avail.	3 facilities

* Amount allocated to homeless is not available.

AGENCY/PROGRAM	TOTAL 1985 FUNDS	1985 FUNDS TO HOMELESS
Health and Human Services		
Older Americans Act	$669M	*
Runaway and Homeless Youth Program	$23M	$23M
Office of Human Development Services Coordinated Discretionary Grants	$43M	*
Social Services Block Grants	$2.7B	*
Community Services Block Grant Program	$372M	$43-60M emerg. svcs.
Community Services Discretionary Grants	$27M	*
Medicaid	$23B	*
Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Block Grants	$490M	*
ADAMHA Program for Homeless Mentally Ill, using parts of several programs	$430M	$1M
Community Support Program	$6.6M	*
Center for State Human Resource Development	$4M	*
Maternal & Child Health Service & Primary Care Block Grant	$478M	*
Community Health Centers	$375M	*
Migrant Health Program	$44M	*
National Health Planning and Resources Development	$58M	*
National Health Service Corps	$60M	*
Social Security Administration Outreach Program	Not avail.	*
Social Security Benefits	$165.5B	*
Supplemental Security Income	$11B	*
Social Security Disability Insurance	$19B	*
Aid to Families with Dependent Children	$8B	*
Emergency Assistance Program	$78M	*
Housing and Urban Development		
Use of HUD-owned Single Family Homes as Shelters	Not avail.	25 homes
Existing Housing & Moderate Rehabilitation Program (Section 8)	$3B rehab/15 yrs. $769M vouchers/5 yrs	* *
Housing for the Elderly or Handicapped (Section 202)	$1.5B	*
Public and Indian Housing	$2.9B constr./20-30 yrs. $1.5B operations	* *
Community Development Block Grants	$2.4B	$77M FY 83-85
Labor		
Employment Service Program	$830M	*
Senior Community Service Employment Program	$326M	*
Job Training Partnership Act for Disadvantaged Youth and Adults	$3.8B	*
Emergency Veterans Job Training Program	$76M	*
Jobs for Homeless Veterans Demonstration	$250,000	$250,000
Veterans Administration		
VA Pension and Compensation Benefits	$15B	*
Community Residential Care Program	12,000 residents in 3,000 homes	*
Domiciliary Care Program	$92M	*
VA Medical Care	$9.2B	*
VA Mental Health Care	$1.2B (650K vets)	65,000 veterans
Contract Alcohol/Drug Facilities	$5.4M	*
State Veterans Homes Program	$27.6M	*
Vet Center Program	$40.6M	*
Voc. Rehab. & Counseling Program	$106M	*
VA Educ. & Training Programs	$582.7M	*
Specially Adapted Housing	$15.8M	*
Home Retention Assistance Program	$31.7M	*
Fiduciary Payment Program	$14.8M	*
VA Outreach	479 VA facilities	*

* Amount allocated to homeless is not available.

September 30, 1986

FEDERAL TASK FORCE ON THE HOMELESS

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Chairman
Federal Task Force on the Homeless
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245-2000 or 245-2137

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245-2137

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Farmer's Home Administration

Director
Single Family Housing/Svcing. & Prop. Mgmt. Div.
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Washington, D.C. 20250
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Staff Contact: Betty Throne
382-1452

DEPARTMENT OF COMMERCE

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Washington, D.C. 20230
377-5926

DEPARTMENT OF DEFENSE
Facilities and Supplies

Steve Kleiman
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The Pentagon
Washington, D.C. 20301
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DEPARTMENT OF EDUCATION

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Director, Division of Research
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Washington, D.C. 20202
732-1192/732-1134

Staff Contact: Naomi Karp
732-1196

HOUSING & URBAN DEVELOPMENT
Vice-Chair

Jim Stimpson
Deputy Assistant Secretary for Policy Development
451 7th Street, S.W.
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Washington, D.C. 20410
755-5896

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Food & Nutrition Service

Robert E. Leard
Administrator
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Staff Contact: Maria Falcone
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(Shuttle Svc.-Rm. 207W
Main USDA Bldg.)

COMMERCE/BUREAU OF THE CENSUS

Cindi Taeuber
Spec. Asst. for Selected Pop.
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763-7883

DEPARTMENT OF DEFENSE
Commissaries/Food Banks

Major Jungus (J.) Jordan
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Room 3C975
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SEE PAGE 2

September 30, 1986

TASK FORCE ON THE HOMELESS LISTING - Page 2

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Forrestal Bldg., Room 5G023
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Stan Duda
Director, Property Management
Federal Supply Service
FBP-FSS
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Washington, D.C. 20406
557-1240

DEPARTMENT OF LABOR

Dennis Whitfield
Under Secretary
Room S2018
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Washington, D.C. 20210
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Staff Contact: Debra Prochaska
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Linda Gamboa (003D)
Director of Presidential/
Private Sector Initiatives
Ofc. of Public & Consumer Affairs
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Washington, D.C. 20420
233-2127

FEDERAL EMERGENCY MGMT. AGENCY

Dennis Kwiatkowski
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500 C Street, S.W.
Washington, D.C. 20472
646-3642

Staff Contact: Rich Robuck
646-3659

DEPARTMENT OF INTERIOR

Andrew Adams
Office of Secretary-PBA
18th & C Streets, N.W.
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Washington, D.C. 20240
343-5521

DEPARTMENT OF TRANSPORTATION

Janet Hale
Asst. Sec. for Budget & Programs
Room 10101
400 7th Street, S.W.
Washington, D.C. 20590
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Staff Contact: Richard Miller
366-9193
Coast Guard: Mark Carscallen
267-0727

As of September 30, 1986

HHS REGIONAL TASK FORCE ON THE HOMELESS

REGION I - Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island and Vermont

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(617) 565-1500 or FTS 835-1500

REGION II - New York, New Jersey, Puerto Rico and Virgin Islands

Stanlee Stahl
Jacob K. Javits Federal Building
26 Federal Plaza
New York, New York 10278
(212) 264-4600 or FTS 264-4600

REGION III - Delaware, Maryland, Pennsylvania, Virginia, West Virginia and District of Columbia

Jim Mengel
3535 Market Street
P. O. Box 13716
Philadelphia, Pennsylvania 19101
(215) 596-6923 or FTS 596-6923

REGION IV - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee

Earl Forsythe
101 Marietta Tower
Atlanta, Georgia 30323
(404) 331-2442 or FTS 242-2442

REGION V - Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin

Michelle Harris
Hiroshi Kanno
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Chicago, Illinois 60606
(312) 353-5132 or FTS 353-5160

REGION VI - Arkansas, Louisiana, New Mexico, Oklahoma and Texas

J. B. Keith
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Dallas, Texas 75202
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REGION VII - Iowa, Kansas, Missouri and Nebraska

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Kansas City, Missouri 64106
(816) 374-2821 or FTS 758-2821

REGION VIII - Colorado, North Dakota, South Dakota, Utah and Wyoming

Paul Denham
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Denver, Colorado 80294
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REGION IX - Arizona, California, Hawaii and Nevada

Emery Lee
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REGION X - Alaska, Idaho, Oregon and Washington

Elizabeth Healy
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2901 3rd Avenue
Seattle, Washington 98121
(206) 442-8217 or FTS 399-0420

ACTION
PROGRAMS TO HELP THE HOMELESS

VISTA Volunteers

1985 FUNDS/SERVICES - 330 Volunteers working on 72 homeless projects.

First established in 1964 by the Economic Opportunity Act, the Volunteers In Service To America program (VISTA) provides qualified Volunteers to thousands of community and neighborhood organizations to address issues related to poverty such as malnutrition, inadequate housing, poor education, and limited opportunities.

The Volunteer's role in the poverty problem-solving process is focused toward mobilizing community resources and increasing the capacity of the target community to solve its own problems. The project must provide for the active participation of members of the low-income community to be served in planning, developing, and implementing the project; the mobilization of community resources; and the eventual phaseout of the VISTA Volunteer and the absorption of the Volunteer's duties by other facets of the community.

In fiscal year 1986, ACTION sponsored a total of over 2300 Volunteers on a nationwide basis, assigned competitively within each State throughout the year. ACTION pays the allowances and all expenses for these 2300 Volunteers, who work on a full-time full year basis.

In addition, ACTION is authorized to provide an unlimited number of additional VISTA Volunteers for approved projects, if a sponsoring group reimburses ACTION for the allowances and other expenses of the Volunteer. In FY 1986, these expenses averaged $7600 per year for each Volunteer. Eligible sponsoring agencies are federal, state or local public agencies or a nonprofit organization committed to solving problems diredtly related to conditions of poverty. This could be an excellent source of valuable staff for a homeless provider organization that might not otherwise be able to afford the staff it needs to help low-income people help themselves.

U.S. DEPARTMENT OF AGRICULTURE
PROGRAMS TO HELP THE HOMELESS

FOOD STAMP PROGRAM

1985 FUNDS/SERVICES - $10.8 billion in benefits
$974 million for administrative costs

Food stamps are available to all applicants who qualify based on income levels and other criteria, whether or not they have a fixed address or have resided in a city or county for a certain period of time. Consequently, the homeless can qualify for food stamps, although we have no estimates of how many homeless are actually getting this assistance. Food stamps are available within five days to those with very low assets ($100 or less) and either very low income ($150/month or less) or destitute migrant status. Other eligible applicants receive benefits within 30 days.

THE FOOD DISTRIBUTION PROGRAM distributes surplus food and purchases additional foodstuffs for distribution to needy persons.

The Charitable Institutions portion of this program gives away food to hospitals, nursing homes, and other nonprofit organizations that provide nutrition services for needy persons. Soup kitchens, shelters, and similar groups that feed the homeless qualify for this assistance if they serve meals on a regular basis.

1985 FUNDS/SERVICES - $165 million worth of food

The Temporary Emergency Food Assistance Program (TEFAP). This food is intended for individuals; much of it is distributed through food banks and may feed homeless persons or they may be served in soup kitchens and shelters.

1985 FUNDS/SERVICES - $978 million worth of food

Child Nutrition Programs. Various programs provide assistance to children. All children iN participating schools can receive the benefits of school lunch and school breakfast. The Child Care Food Program, the Summer Feeding Program and Special Milk Program also provide food assistance to children.

1985 FUNDS/SERVICES - $4.4 billion

Special Supplemental Food Program for Women, Infants, and Children (WIC). WIC provides vouchers for nutritious food supplements, nturition education, and access to health services.

1985 FUNDS/SERVICES - $1.5 billion

SHELTER PROGRAM

1985 FUNDS/SERVICES - 3 Houses leased at $1 per year for use as shelters

USDA has authorized Farmer's Home Administration (FmHA) county supervisors to lease, at the lowest possible cost, single-family homes in FmHA-held inventory to local housing authorities or to community non-profit organizations for use as shelters for homeless persons. Single-family homes in FmHA-held inventory, not otherwise targeted for immediate disposition, are available under this agreement.

Anyone interested in starting a shelter program using a FmHA single-family home, should contact the HHS Regional Representative or the local FmHA county supervisor. They will work with the State housing authority and the Department of Agriculture to arrange for housing to lease to an organization or to a local official to shelter the homeless.

U.S. DEPARTMENT OF DEFENSE
PROGRAMS TO HELP THE HOMELESS

Emergency Shelter Program

1985 FUNDS/SERVICES - DOD offered 600 excess Defense facilities to states/localities for use to help the homeless. Currently, 10 shelters are operating.

The Department of Defense (DOD) has agreed to make available appropriate military facilities to be used as homeless shelters or for use as warehouse space for food banks. When necessary, such facilities will be renovated at DOD expense. Vacant DOD facilities can be used to shelter small or large numbers of homeless individuals.

Excess Personal Property, Equipment, and Clothing

1985 FUNDS/SERVICES - $2.4 million worth of property to homeless providers

The Department of Defense (DOD) has agreed to donate excess bedding (e.g., cots and blankets), clothing, and other excess property (such as kitchen and medical equipment, office furniture and vehicles) to shelters for the homeless. For information on obtaining such excess property, contact the HHS Regional Representative for the Homeless for your area.

Surplus Military Food - HHS/DOD/DOT Joint Program

1985 FUNDS/SERVICES - 1.8 million pounds of food donated to food banks

The Department of Defense (DOD) and Department of Transportation (Coast Guard) have agreed to link food banks through HHS with military commissaries to allow the food banks to obtain non-marketable, surplus food stuffs. DOD and Coast Guard commissaries, like other supermarkets, at times have food that they cannot sell, but that is still edible. These agreements with DOD and DOT are designed to direct food to persons in need rather than let it go to waste. Food banks assume the responsibility for final inspection and distribution of the food and must bear any costs associated with food pick up and distribution. Since February 1983 when the program began, over 3.5 million pounds have been donated.

National Guard Services

1985 FUNDS/SERVICES - Figure not available

The National Guard (NGB) has agreed to make its facilities or manpower services available, within the mission of the NGB training operations, to support food and shelter operations.

The National Guard primarily helps organizations that feed or shelter the homeless by transporting food, clothing, or other surplus property. They may also be able to provide other manpower services or allow the use of armories for storage, depending on the specific unit involved.

U.S. DEPARTMENT OF EDUCATION
PROGRAMS TO HELP THE HOMELESS

State Administered Adult Education Program

1985 FUNDS/SERVICES - $100 Million

This program distributes grants on a formula basis to the States and is aimed at enabling disadvantaged adults to acquire basic skills necessary to function in society. Local education agencies, and where permitted by State law, other public or private organizations are eligible to apply for the funds from State agencies. The State plan for these funds must describe how it will meet the education needs of all segments of the adult population, especially those who are least educated and most in need of assistance.

Postsecondary Education Programs for Handicapped Persons

1985 FUNDS/SERVICES - $5.3 Million

This program provides project grants for the development, operation and dissemination of model programs for postsecondary, vocational, or technical education for handicapped persons, including those who are emotionally disturbed. The funds are available to state education agencies, institutions of higher education, vocational and technical institutions, and other nonprofit educational institutions.

Vocational Education - Basic Grants to States

1985 FUNDS/SERVICES - $691.5 Million

This program provides grants on a formula basis to States to expand, improve, and modernize vocational education for the handicapped, disadvantaged, single parents or homemakers, those who have limited English proficiency, and those incarcerated in correctional institutions. The States may make subgrants to local educational agencies and postsecondary institutions. The economically disadvantaged who are eligible for this program include recipients of public assistance, those who are institutionalized, and those under State guardianship.

Basic Support for Rehabilitation Services

1985 FUNDS/SERVICES - $1.1 Billion

This program provides grants on a formula basis to States to provide vocational rehabilitation services to persons with mental and/or physical handicaps. Priority service is focused on the needs of those persons with the most severe disabilities. Eligible rehabilitation services include diagnosis, comprehensive evaluation, counseling, education and training, employment placement, medical and related services, and transportation.

Rehabilitation Services Project Grants

1985 FUNDS/SERVICES - $32.8 Million

This program provides grants to State vocational rehabilitation agencies and public or private nonprofit organizations for projects and demonstrations whcih hold promise of expanding and otherwise improving services for groups of mentally and/or physically handicapped individuals over and above those provided by the Basic Support Program administered by the States and discussed above. The project must substantially contribute to the solution of vocational rehabilitation problems common to special groups of the handicapped (e.g., projects to prepare handicapped individuals for gainful employment in the competitive labor market.)

Client Assistance for Handicapped Individuals

1985 FUNDS/SERVICES - $6.3 Million

This program provides grants on a formula basis to States to help clients and applicants overcome problems with service delivery systems under the Rehabilitation Act. The State can designate a public or private agency to conduct the State's program. The funds may be used to (1) advise clients of benefits, rights and responsibilities under the Rehabilitation Act; (2) assist clients in their relationships with projects, programs and facilities providing rehabilitation services; and (3) assist in protecting individual rights and informing clients of their responsibilities.

Rehabilitation Training

1985 FUNDS/SERVICES - $22 Million

This program provides project grants to State vocational rehabilitation agencies and other public or nonprofit organizations to increase the numbers and improve the skills of personnel providing vocational rehabilitation services to handicapped individuals in areas targeted as having personnel shortages.

Centers for Independent Living

1985 FUNDS/SERVICES - $27 Million

This program provides project grants to State vocational rehabilitation agencies to provide independent living services to severely handicapped individuals to assist them to function more independently in family and community settings or to secure and maintain appropriate employment. The federal funds are used for the establishment and operation of independent living centers which offer a combination of services including attendant care, training in independent living skills, referral and assistance in housing and transportation, and peer counseling. If a State agency fails to apply for a grant within six months after thay are available, then any local public or private nonprofit agency may apply directly. State agency application deadlines are usually set in April, May, or June of each year. Another program provides grants on a formula basis to States for similar projects.

National Institute for Handicapped Research Grants

1985 FUNDS/SERVICES - $39 Million

This program provides project grants and cooperative agreements to States and public or private nonprofit organizations to support research and demonstrations to improve the lives of people of all ages with physical and mental handicaps, especially the severely disabled. The focus of the funds includes (1) identifying and eliminating the causes and consequences of disability; (2) maximizing the physical and emotional status and functional ability of handicapped persons; (3) preventing or minimizing personal and family, physical, mental, social, education, vocational and economic effects of disability; and (4) reducing and eliminating physical, social, educational, vocational and environmental barriers to permit access to services and assistance.

Vocational Education for Consumer and Homemaker Education

1985 FUNDS/SERVICES - $31.6 Million

This program provides formula grants to State Boards for Vocational Education for consumer and homemaker education programs, especially in economically depressed areas or areas of high rate of unemployment. Local education agencies and postsecondary institutions may apply to the States for subgrants. Eligible activities for the funds include programs for improving responses to individual and family crises, for assisting aged and handicapped individuals, for teaching ways to improve nutrition and conserve limited resources, and for community outreach to underserved populations.

Education Loans and Grants

The Department of Education funds numerous programs of grants and loans to students and institutions for those disadvantaged persons who wish to continue their education after high school. In addition, several programs improve the quality of education for elementary and secondary schools, including those which serve the children of homeless persons.

U.S. DEPARTMENT OF ENERGY
PROGRAMS TO HELP THE HOMELESS

Weatherization Assistance Program (WAP)

1985 FUNDS/SERVICES - $191 million

A dwelling unit is eligible for weatherization assistance if it is occupied by a "family unit" and if it can meet certain income requirements. DOE has clarified that a "family unit" includes all persons living in the dwelling, regardless of whether they are related. Shelters for the homeless therefore may qualify for the grants. In general, the combined income for all the residents of the dwelling may not exceed 125% of the poverty level, which is adjusted for the number of residents of the dwelling, or the family unit must contain a member who has received certain cash assistance payments defined in the program regulations. States also have the option under certain conditions of using the eligibility criteria for HHS's Low Income Home Energy Assistance Program (LIHEAP).

To apply for weatherization assistance, an organization must submit an application to the local agency designated in the State's WAP Plan as the subgrantee for the area in which the organization is located. Generally, DOE weatherization funds are channelled through local Community Action Agencies.

FEDERAL EMERGENCY MANAGEMENT AGENCY
PROGRAMS TO HELP THE HOMELESS

EMERGENCY FOOD & SHELTER PROGRAM

1985 FUNDS/SERVICES - $90 Million

Grant awards from this program are designed to provide emergency food and shelter to needy individuals through local private voluntary organizations as well as local units of government. Services received under this program should not reduce or affect assistance an individual receives under any other Federal assistance program. This program is not intended to address or correct structural poverty or long-standing problems. Rather, this appropriation is for the purchase of food and shelter, to supplement and extend current available resources, and not to substitute or reimburse ongoing programs and services.

A National Board chaired by FEMA and consisting of representatives of the United Way of America; the Salvation Army; the National Council of Churches; the National Conference of Catholic Charities; the Council of Jewish Federations, Inc.; and the American Red Cross, determines the amount and distribution of funds to those areas having the highest need for food and shelter assistance.

Each area designated by the National Board to receive funds is required to constitute a Local Board with representatives to the extent practicable including, but not limited to, the same organizations represented on the National Board, except that the Mayor (or his/her designee) or appropriate head of government (or his/her designee) will replace the FEMA member. Many Local Boards include representatives from the business and provider communities.

The Local Boards are responsible for determining which private voluntary organizations and/or public organizations in an area should receive grants and for recommending the amount of the grants.

GENERAL SERVICES ADMINISTRATION
PROGRAMS TO HELP THE HOMELESS

Surplus Federal Personal Property, Equipment, and Clothing.

1985 FUNDS/SERVICES - Figure not available

The GSA program for the donation of Federal surplus personal property is administered through a nationwide network of State Agencies for Surplus Property. From time to time, items such as refrigerators, blankets, clothing, kitchen equipment, medical supplies and furniture, which could be used by homeless and needy people, become available through this program. State, county, and municipal agencies which have the responsibility for providing services for these people can establish eligibility to participate in the donation program. Having done so, such agencies can acquire federal surplus personal porperty, retain accountability for it, and loan it to nonprofit organizations that serve the homeless and needy but that are unable to establish program eligibility on their own.

Use of Excess or Surplus Federal Real Property.

1985 FUNDS/SERVICES - 3 Facilities

GSA has agreed to make appropriate vacant Federal facilities, not targeted for other use or immediate disposition, available for shelter-related projects. If any appropriate GSA facilities are available, they can be used to store food or property, or to shelter homeless individuals, where State or local facilities cannot meet the need.

Also, temporarily unneeded space which is retained in GSA's public buildings inventory is periodically advertised for sealed-bid leasing. Through this bidding process, a charitable agency can lease excess Federal space for a set period of time.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAMS TO HELP THE HOMELESS

OFFICE OF HUMAN DEVELOPMENT SERVICES (OHDS)

Older Americans Act (Title III, Section 303 as amended).

1985 FUNDS/SERVICES - $669 Million

Under this legislation, funding is provided to State Agencies on Aging to initiate local community projects to provide social services to older persons. Assistance to the elderly homeless is an eligible activity. These services, which are carried out primarily through (local) area agencies on aging, provide numerous benefits. Among them are nutrition services to the elderly. These projects are designed to provide persons aged 60 and older with at least one hot nutritious meal five or more days a week. Most meals are served at congregate sites, although 28% are home delivered. During FY 1984, a total of 383,599,000 meals were served.

Runaway and Homeless Youth Program. (Runaway Youth: Title III, Part D, Section 341 of the Juvenile Justice and Delinquency Act of 1974 as amended).

1985 FUNDS/SERVICES - $23 Million

The purpose of the program is to provide financial assistance to establish and strengthen community-based centers designed to address the needs of runaways and homeless youth and their families. While most frequently thought of on a national scale, runaways and homeless youth remain largely a State and local program and should be treated first and primarily with State and local resources. Funding for fiscal year 1985 supports approximately 170 runaway and homeless youth projects as well as the national toll-free runaway youth hot-line.

OHDS Coordinated Discretionary Grants. (Section 426 other than subsection a, 1, c and 110 of the Social Security Act; the Child Abuse Prevention and Treatment Act other than section 4b; and Title II of P.L. 95-266).

1985 FUNDS/SERVICES - $43 million to public and private groups.

These grants, awarded yearly, are intended to fund innovative approaches to meeting human service needs. It is possible that a private or public agency may apply for a grant to support a food or shelter program, if that is innovative and satisfies one of the priority areas in the Program Announcement.

Social Services Block Grants. (Title XX of the Social Security Act as amended by P.L. 97-35).

1985 FUNDS/SERVICES - $2.7 Billion

These block grants, awarded to the States, are designed to furnish a variety of social services best suited to the needs of individuals residing within a State. Emergency food and shelter may be among the programs conducted by each State.

OFFICE OF COMMUNITY SERVICES (OCS)

Community Services Block Grant (CSBG) Program.

1985 FUNDS/SERVICES - $372 Million

The CSBG Program is a block grant program under which assistance is provided by a statutorily established formula to states and territories to help alleviate the causes of poverty. States and territories receiving CSBG funds are required to comply with a number of assurances designed to insure that the funds are used for the benefit of the low-income or poor as defined in the Federally established poverty income guidelines. The states are required to provide a wide range of services and activities designed to assist low-income people in areas of employment, education, housing, and emergency assistance.

Community Services Discretionary Grants

1985 FUNDS/SERVICES - $27 million

This grant program provides funds to support program activities of national or regional significance to alleviate the causes of poverty in distressed communities. The grants, made at the discretion of the Secretary of HHS, may be made to public agencies and nonprofit organizations. The project must be targeted to address the needs of a specific segment of low-income people (i.e., urban poor, rural poor, migrants or seasonal farmworkers). Special areas of focus are urban and rural economic development (including the establishment of full-time permanent jobs and ownership opportunities for low income persons); rural housing repair and rehabilitation; rural water and waste water treatment facilities; and improvements in the quality of life for migrants and seasonal farmworkers (including nutrition, housing, and longer-term and more permanent employment).

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Medicaid

1985 FUNDS/SERVICES - $23 Billion

Indigent people who are 65 years of age or older, or who are members of families with dependent children, or who are disabled and blind are eligible for Medicaid. In all States, persons on AFDC rolls are automatically eligible for Medicaid. In around 30 States, persons on SSI rolls are automatically eligible for Medicaid. Homeless persons, therefore, who are receiving SSI or AFDC benefits are automatically eligible for Medicaid benefits in the majority of States. Homeless persons who are not receiving SSI but are medically needy may qualify for Medicaid in 36 States, if they meet the income and age or the disability requirements.

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION (ADAMHA) OF THE PUBLIC HEALTH SERVICE.

ADAMHA is made up of three parts: the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Some of the major ADAMHA programs that can be used to help the homeless are summarized below. In addition, there are several smaller research, training, or demonstration programs that may be useful.

ADAMHA Block Grants.

1985 FUNDS/SERVICES - $490 Million

These block grants can be used for alcohol and drug abuse programs and for mental health programs. The mental health funds are used mainly for Community Mental Health Centers (CMHC). CMHCs must provide the following services to be eligible for block grant funds:

- outpatient services for the chronically mentally ill, children and the elderly;
- 24-hour emergency care services;
- day treatment of psycho-social rehabilitation services,
- screening of patients for admission to state mental health facilities,
- consultation and education services.

No statistics are available for homeless clients of the CMHCs. They are, however, eligible for the services.

Program for the Homeless Mentally Ill.

1985 FUNDS/SERVICES
Overall - $430 million from several research, training and demonstration programs
Homeless - About $1 million in administrative costs and homeless projects

The Program for the Homeless Mentally Ill coordinates ADAMHA research, training, and technical assistance initiatives pertaining to the homeless with serious alcohol, drug abuse, and mental health problems. The program achieves its objectives through ongoing NIMH, NIDA, and NIAAA programs. The program also works directly with national organizations.

Community Support Program (CSP).

1985 FUNDS/SERVICES - $6.6 Million

CSP assists States and localities in developing comprehensive Community Support Systems to stimulate improved Community-based Care for the chronically mentally ill. The program is designed to avert homelessness among the population. Additionally, in FY 1983 money was set aside to study the demographics and characteristics of the homeless mentally ill. In FY 1985, grants were made to develop innovative city-based demonstrations of service delivery to the homeless mentally ill. Grants are made to State mental health authorities, who often subcontract with local governments.

Center for State Human Resource Development.

1985 FUNDS/SERVICES - $4 Million

The Center provides grant funds to State Departments of Mental Health to develop their capacity to conduct systematic human resource development activities and to develop and implement demonstration programs to address human resource development issues including but not limited to: planning and evaluation; workforce management (i.e. recruitment, selection, distribution, utilization, redevelopment, retraining, and education); and training (i.e. curriculum development for target priority populations like the homeless and implementation of short-term skills development, continuing education, etc.).

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE PUBLIC HEALTH SERVICE

Maternal & Child Health Services & Primary Care Block Grant (MCH).

1985 FUNDS/SERVICES - $478 Million

MCH Block Grant funds are allocated by formula to State health authorities. Since the State programs have an orientation toward high-risk persons, and the homeless may be so described, it is likely that State programs provide services to this segment of the population. However, a survey of 1982, 1983 and 1984 State applications revealed no specific data relating to the homeless. States must apply for block grant funds annually. State health agencies are required to operate the block. States must prepare a report to the Secretary of HHS describing intended use of funds plus a description of their compliance with eight assurances of quality, fairness and appropriateness of expenditures. They must also prepare annual post-expenditure reports on how funding was used. States must match every four Federal dollars with three state dollars for the MCH Block grant.

Community Health Centers (CHC).

1985 FUNDS/SERVICES - $375 Million

Community Health Centers (CHCs) provide health services to medically underserved populations in both urban and rural areas. In FY 1984, nearly 600 community health centers provided services to approximately 4.7 million people. CHCs are required to provide services regardless of an individual's ability to pay. Since many of the nation's homeless may be located in medically underserved areas where CHCs are situated, it is expected that a large number of them may be making use of these resources. Proposals must be designed to improve availability, accessibility and organization of health care within medically underserved communities. Services should be consistent with plans of local Health Systems Agencies and State Health Planning and Resources Development Agencies. A needs/demand assessment is required. The applicant must assume part of the project costs, determined on a case by case basis.

Migrant Health Program.

1985 FUNDS/SERVICES - $44 Million

The Migrant Health Program is a discretionary grant program which awards funds to support the development and operation of migrant health centers and projects which provide primary ambulatory and in-patient health services, supplemental health services, and environmental health services for migrant and seasonal agricultural farm workers and their families as they move and work. Migrant health "centers" must serve a "high impact area" (not less than 4,000 migratory agricultural workers and seasonal workers for more than two months in any calender year). Migrant health "programs" may be in areas where there is no migrant health center and in which not more than 4,000 migratory agricultural workers and their families reside for more than two months.

National Health Planning & Resources Development

1985 FUNDS/SERVICES - $58 Million

The National Health Planning program funds state and local health planning agencies whose principal functions include development and implementation of plans and review of capital expenditures for the purposes of: improving health; increasing access, acceptability, continuity and quality of health services; restraining increases in costs of services provision; and preventing unnecessary duplication of health resources. One of their principal priorities is provision of primary care services for medically underserved populations, especially those located in rural or economically depressed areas. Many agencies have worked for the improvement of health services for the indigent. However, the agencies do not themselves provide services. Some of the health planning agencies have recently focused on meeting the needs of new immigrants, both legal and illegal. The State Health Planning and Development Agencies are organizations of State government, usually the State health department. Health Systems Agencies are private non-profit or public regional planning bodies. All applicants file applications for designation and funding in return for performing certain planning, resource development and regulatory activities prescribed by law. States must match 25 cents per $1.00 Federal. HSAs receive additional Federal funding of 19.5 cents on the dollar for local funds.

National Health Service Corps

1985 FUNDS/SERVICES - $60 Million

The National Health Service Corps provides loans to communities and to medical practitioners to assist in establishing and maintaining health care services in Health Manpower Shortage Areas. They are required to provide services to all without regard to ability to pay. These health personnel may be an important resource in meeting health care needs of the homeless. Communities may apply for designation as a Health Manpower Shortage Area and assignment of Corps personnel. Designation and assignment, however, are at the discretion of the Secretary. There are no set funding matching requirements. The Government pays medical, dental and other health personnel while the community usually provides a medical facility, support personnel, and assumes responsibility for managing the practice.

SOCIAL SECURITY ADMINISTRATION (SSA)

SSA Outreach

SSA has undertaken a nationwide effort to identify and help serve those many hard-to-reach homeless people who may be entitled to Supplemental Security Income (SSI), or Social Security Retirement, Survivors, or Disability Insurance (SSDI) benefits. SSA field offices maintain current information about providers of services to the homeless. They establish and maintain liaison with service providers to ensure that program information is available to providers' staffs, and request the providers' assistance in identifying homeless people who may be eligible for benefits. In some cases, especially in areas with large homeless populations, this may involve taking claims at the facilities (such as shelters and soup kitchens) that provide services for the homeless.

Social Security Benefits

1985 FUNDS/SERVICES - $165.5 Billion (Paid directly to retirees and their survivors)

A fixed address is not required in order to receive Social Security benefits. Consequently, homeless persons who meet the other program requirements may qualify for retirement benefits, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI). Under these Social Security programs, monthly benefits may be paid to disabled people, as well as to retired workers and their dependents, and to survivors of deceased workers.

Once a homeless person's eligibility for payments is established, the Social Security office can make special arrangements for delivering checks and notices. Checks and notices can be delivered to a shelter or other third party address, or even to the Social Security office, if necessary. In cases where a person is incapable of handling his or her own money - because of an impairment, for example - SSA can appoint a representative payee to receive checks and notices on his or her behalf. A shelter or other organization can serve as the payee, if there are no relatives or friends who can do so.

Supplemental Security Income (SSI)

1985 FUNDS/SERVICES - $11 Billion (Paid directly to individuals)

The SSI program makes monthly payments to people who are 65 or older, disabled, or blind and have little or no income and assets. Most States supplement the Federal SSI payments and provide Medicaid. States also may offer a variety of social services. Also, under a 1983 change in the law, some people who are residents of public emergency shelters can now receive SSI payments for up to 3 months during any 12-month period. Prior to the change, people who lived in public emergency shelters were not eligible for SSI. Eligible persons who live in private shelters are not subject to this 3-month limit, but may draw benefits 12 months of the year.

Social Security Disability Insurance (SSDI)

1985 FUNDS/SERVICES - \$19 Billion (Paid directly to individuals)

Under the SSDI program, SSA pays monthly disability benefits to:

1. Disabled workers under 65 and their families;
2. Unmarried people disabled before 22. These checks are payable based on the work record of a parent (or grandparent under certain circumstances) who receives Social Security retirement or disability checks or dies; and
3. Disabled widows and widowers (and, in some cases, disabled surviving divorced wives and husbands) of workers who were insured at death. These checks are payable as early as age 50.

Disabled workers must have worked long enough and recently enough under Social Security to be insured under this program. The work requirement varies depending on the age of the worker. Under Social Security, you're considered disabled if you have a severe physical or mental condition which:

1. Prevents you from working, and
2. Is expected to last (or has lasted) for at least 12 months, or is expected to result in death.

Your checks can start for the 6th full month of your disability. Once checks start, they will continue as long as you are disabled and unable to perform substantial gainful work. Cases are reviewed periodically to make sure the person remains disabled.

Aid to Families with Dependent Children (AFDC)

1985 FUNDS/SERVICES - \$8 Billion in benefits

Money payments are made directly to eligible needy families with dependent children to cover costs for food, shelter, clothing, and other items of daily living. The program requirements and benefits vary somewhat in each state.

Emergency Assistance Program

1985 FUNDS/SERVICES - \$78 Million in benefits for the federal share

This program provides temporary financial assistance in the form of money or vendor payments to assist needy families with children in emergency or crisis situations to avoid destitution or to provide living arrangements. It has been used to prevent homelessness among families. This is an optional State program in which 28 States (including the District of Columbia) currently participate. The program is operated by the States, which have a great deal of flexibility in defining the emergency situations they will cover. The federal government provides a 50% matching share, which is available only for one period of 30 consecutive days in any 12 month period for each eligible family.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
PROGRAMS TO HELP THE HOMELESS

HUD-Owned Single Family Homes

1985 FUNDS/SERVICES TO - 25 homes currently being used.

HUD will lease HUD-owned single-family homes in the General or Special Risk Insurance funds to cities for shelter use, for a nominal amount. Cities or shelter providers are eligible lessees and must bear the cost of any required repairs. Leases will be issued for as long as the properties are needed for shelter use.

Existing Housing and Moderate Rehabilitation Program (Section 8)

1985 FUNDS/SERVICES - New budget authority of $3 billion to be spent over a 15 year period. Also, new vouchers (to be used in renting units in the private market) were allocated, with a budget authority of $769 million to be spent over a 5 year period. In addition, units allocated in previous years continued in 1985.

The Section 8 Housing Assistance Payments Program for Low Income Families (known as Section 8 Existing Certificates) provides housing assistance payments to participating private landlords on behalf of eligible tenants to provide decent, safe and sanitary housing for lower and very low income families at rents they can afford. Housing assistance payments are used to make up the difference between the approved rent due to the owner for the dwelling unit (which must be reasonable in relation to rents for comparable units) and the occupant family's required contribution towards rent. Assisted families are required to contribute up to 30 percent of their adjusted family income toward rent. Administering Public Housing Authorities may provide an "emergency" priority for admission to the program for homeless families or individuals who are otherwise eligible to participate. Cities or shelter providers should contact the local public housing agency administering the Section 8 program to discuss the possibility of making this assistance available to homeless families or individuals who are otherwise eligible for Section 8 assistance.

Housing for the Elderly or Handicapped (Section 202)

> 1985 FUNDS/SERVICES - New budget authority of $1.5 Billion in 1985. Most housing for the elderly and handicapped is now handled under the Section 8 program. Units allocated in previous years continued in 1985.

The Section 202 Program provides direct loans that may be used to finance the construction or rehabilitation of rental or cooperative detached, semi-detached, row, walk-up or elevator-type structures. Purchase of an existing structure without rehabilitation or moderate rehabilitation is eligible only for group homes for the non-elderly handicapped. The program may be used to provide housing with supportive services for the chronically-mentally ill, who constitute a large proportion of the homeless population.

The nonprofit sponsor and borrower must receive certification of eligibility for the Section 202 program from HUD. A general announcement of Fund Availability is published in the Federal Register early in each fiscal year announcing the availability of funds to HUD Field Offices. A borrower proposing housing for the chronically-mentally ill must provide evidence of funding for the services portion of the proposed program, since HUD does not fund services.

Public and Indian Housing

> 1985 FUNDS/SERVICES - New budget authority of $2.9 billion to develop or rehabilitate housing units, amortized over a 20-30 year period. In addition, $1.5 billion in new budget authority was provided for the operation of existing public housing units. Units provided in earlier years continued in 1985.

This program is designed to assist public housing agencies (PHAs) in providing lower-income housing by (1) acquiring existing housing from the private market (acquisition); (2) procuring construction by competitive bidding where the public housing agency acts as the developer (conventional); or (3) letting contracts to private developers (turnkey). Annual contributions are made to public housing agencies to provide debt service payments, to assure the lower-income character of the projects, and to achieve and maintain adequate operating and maintenance service and reserve funds. PHAs may provide an "emergency" priority for admission to the program for homeless families or individuals who are otherwise eligible to participate. Cities or shelter providers should contact the local public housing agency to discuss the potential for using PHA vacant units to house homeless families or individuals who are otherwise eligible for the public housing program.

Community Development Block Grants (CDBG) - Entitlement Grants

> 1985 FUNDS/SERVICES - $2.4 billion. Between FY 1983 and FY 1985 $77 million was targeted to homeless projects by local governments.

Under the CDBG entitlement grant program, localities may undertake a wide range of activities directed toward neighborhood revitalization, economic development, and provision of improved community facilities and services. Entitlement communities develop their own programs and funding priorities (after holding public hearings and otherwise receiving citizen input) as long as program/activities conform to the applicable standards and program regulations. In addition, block grant funds are available to pay for public services within certain limits. Units of local government may contract with other local agencies or nonprofit organizations to carry out part or all of their programs. Shelter acquisition, shelter rehabilitation and shelter operations may be funded by the entitlement community as eligible activities under the block grant program.

U.S. DEPARTMENT OF LABOR
PROGRAMS TO HELP THE HOMELESS

Employment Service Program

1985 FUNDS/SERVICES - $830 Million

State employment security agencies operate within each State through local Job Service offices which serve both job seekers and employers. The assistance offered includes interviewing, testing, counseling, referral to training and other employability development resources, and placement in jobs. Specialized services for various groups (such as veterans, youth, women, older workers, and the handicapped) are also provided.

Senior Community Service Employment Program

1985 FUNDS/SERVICES - $326 Million

This program provides, fosters, and promotes useful part-time work opportunities (usually 20 hours per week) in community service activities for low income persons who are 55 years old and older, and who have poor employment prospects.

Job Training Partnership Act for Disadvantaged Youth and Adults

1985 FUNDS/SERVICES - $3.8 Billion

This program provides job training and related assistance to economically disadvantaged individuals, and others who face significant employment barriers. The ultimate goal of the Act is to move trainees into permanent, self-sustaining employment. This includes $10 million for veterans employment programs.

Emergency Veterans Job Training Program

1985 FUNDS/SERVICES - $76 Million

This program provides employers 50 percent of the starting wage, up to $10,000 per veteran, when they hire and train veterans in a growth industry or a technology-based or demand occupation. The intent of the program is to help industry fill permanent positions that involve significant training of at least six months to Korean and Vietnam-era veterans, and is run in cooperation with the Veterans Administration. Targeted grups are Korean and Vietnam-era veterans who have been out of work for 15 of the preceding 20 weeks. They must have served for at least 180 days and been honorably discharged.

Training will be funded for between 6 and 9 months, and in some cases may be approved by the VA for between 3 to 15 months. Actual training can take place on the job, in a vocational or educational institution, or in a specialized training center.

"Jobs for Homeless Veterans" Demonstration Program

1985 FUNDS/SERVICES - $250,000

The Labor Department, with the help of the Social Security Administration, the Veterans Administration, and veterans service organizations, has agreed to fund a 10 city model project to locate, train, rehabilitate, and find employment for the hard-to-reach homeless veterans who are not being reached through existing programs and shelters. The program will deal with the comprehensive needs of these veterans, including medical or mental health care and substance abuse. It will focus on outreach, the use of available entitlement programs, and better linkages with the private sector. The ten cities are Atlanta, Baltimore, Boston, Denver, Detroit, Fort Lauderdale, Los Angeles, New Orleans, San Antonio, and Seattle.

VETERANS ADMINISTRATION
PROGRAMS TO HELP THE HOMELESS

The Veterans Administration (VA) is required by law to provide benefits and services only to persons who qualify as a result of prior military service under other than dishonorable conditions. A recurring problem concerning determination of eligibility lies in the unwillingness or inability of some of the homeless to provide the VA with basic background information, such as name, Social Security number, date of birth and dates of military service.

VA Benefits

1985 FUNDS/SERVICES - $15 Billion to nearly 4.1 million eligible veterans and their families (Paid directly to the veteran or his survivors.)

Veterans (and their survivors) who meet certain age, service, and income requirements or who have a service-connected disability are eligible for pensions and/or compensation, through the following 5 programs:

- Disability Compensation - for injury or illness incurred or aggravated by active service.
  $8.3 Billion to 2.4 million veterans
- Dependents Indemnity and Death Compensation - for dependents of veterans who died of service connected injury or illness.
  $2 Billion to 335,000 dependents
- Disability Pension - for war veterans who are disabled, over 65, and have low incomes.
  $2.5 Billion to 690,000 veterans
- Death Pension - for low income dependents of deceased war veterans.
  $1.3 Billion to 740,000 dependents
- Burial Allowances - to relieve surviving dependents of the burden of burial expenses for veterans.
  224,000 federal government burials with headstones and markers
  $233.6 Million to 435,457 dependents for non-government burials

Community Residential Care Program

1985 FUNDS/SERVICES - 12,000 residents took advantage of this program.

Although the VA does not provide free shelter for indigent veterans, some homeless veterans receiving VA pension or compensation, Social Security, or other funds may qualify to participate in the Residential Care Home Program, the largest of the VA's extended care programs. This program provides residential care, including room, board, personal care and general health care supervision to veterans who do not require hospital or nursing home care, but who, because of mental or physical health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. Care is provided mainly in private homes and is paid for by the veterans from VA compensation/pension benefits, SSI, etc., at an average cost of $340 per month. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Veterans receive monthly follow-up visits from VA social workers and other health care professionals, and are outpatients of local VA facilities. Currently, over 12,000 veterans are receiving care in over 3,000 homes.

Domiciliary Care Program

1985 FUNDS/SERVICES - $92 Million

This program served an estimated 12,200 veterans in 16 centers with an average of 400-500 beds (average daily census of 8,000). This program provides a group living arrangement for those disabled veterans with minimal daily medical and/or rehabilitation needs. The beneficiaries must have an income of less than $415 per month.

VA Health Care

1985 FUNDS/SERVICES - $9.2 Billion, serving 1.4 million inpatients and 19.6 Million outpatients

The VA system of Health care includes 172 hospitals, and 226 clinics.

VA Mental Health Care

1985 FUNDS/SERVICES - $1.2 Billion, with 650,000 veterans treated on an outpatient basis, 10% of whom (65,000) are estimated to be homeless.

In addition to inpatient care, the VA system of mental health care available to eligible veterans and dependents includes 154 Mental Hygiene Clinics, 60 Day Treatment Centers, 40 Day Hospital Programs, 103 Alcohol Dependence Treatment Programs, and 51 Drug Dependence Treatment Programs.

Non-VA Contract Alcohol/Drug Treatment Facilities

1985 FUNDS/SERVICES - $5.4 Million, with 5,000 veterans placed

Under Public Law 96-22, the VA is authorized to contract for care, treatment, and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence disorders. VA will pay for up to 60 days of residential care, and in a few cases, up to 90 days of contracted care.

State Veterans Homes Program

1985 FUNDS/SERVICES - $27.6 Million, with 12,678 veterans served

This program is operated under two grants. One is a per diem program under which the VA provides Federal funding to assist States in providing domiciliary, nursing and hospital care to eligible veterans in State home facilities. The other provides up to 65 percent Federal funding for the acquisition and construction of domiciliary and nursing home facilities, and expansion or alteration of existing facilities. During FY 1985, these State veterans homes provided for an average of 7,846 nursing home residents, 4,334 domiciliary residents, and 498 hospital patients.

Readjustment Counseling (Vet Center) Program

1985 FUNDS/SERVICES - $40.6 Million, with 189 community-based centers

This program of community-based outreach and counseling services addresses the full range of readjustment problems of Vietnam-era veterans and their families. The centers are located in leased, commercial store-front facilities, apart from VA medical facilities. Vet Center staff are specifically skilled and strategically located to provide direct counseling, referral to other VA facilities, and the community outreach essential for making contact with lower income and homeless veterans. They are particularly active in networking with various VA and non-VA resources in meeting the shelter and other needs of veterans.

Vocational Rehabilitation and Counseling Program

1985 FUNDS/SERVICES - $106 Million, with 29,000 veterans served

Since World War II, nearly one million veterans with service-connected disabilities have received training through this program.

VA Education and Training Programs

1985 FUNDS/SERVICES - $582.7 Million, with 461,000 veterans served

These programs provide education and training that leads to jobs for veterans who might otherwise be unemployable. Many of them would, no doubt, be homeless. In addition, 41,600 veterans are currently approved for training under the Veterans' Job Training Act, discussed under the Labor Department programs.

Specially Adapted Housing Program

1985 FUNDS/SERVICES - $15.8 Million, with 316 veterans served

This program provides grants to certain veterans with severe service-connected disabilities so that they may purchase or modify a home tailored to accomodate their particular disabilities.

Home Retention Assistance Program

1985 FUNDS/SERVICES - $31.7 Million

This program provides assistance to veterans who are in danger of losing their homes because of financial difficulties that are no fault of their own. Assistance includes financial counseling and intercession with the lender to seek forbearance or arrange a reasonable payment schedule. If eviction appears imminent, consideration is given to retaining the family in the house if they demonstrate an ability to maintain the property with care, or to delaying eviction until after inclement weather or after the school year ends for dependent children.

Fiduciary or Guardianship Program

1985 FUNDS/SERVICES - $14.8 Million, with 125,000 veterans served

Under this program, benefits for mentally and legally incompetent veterans are paid to a fiduciary, who manages the money on behalf of the veteran. VA audits the fiduciaries to ensure that the housing and other needs of the veteran are being met, and that the funds are actually spent on behalf of the beneficiary. Field examiners made 104,000 program visits in FY 1985.

VA Outreach

1985 FUNDS/SERVICES - 419 VA facilities involved

Liaison has been established among VA social workers, benefits counselors, Vet Center counselors, and shelters to facilitate referral and provision of services. In many cases, VA staff will visit shelters and soup kitchens to identify eligible veterans and ensure that they are receiving benefits and services to which they are entitled. Basic health care has also been provided by VA doctors inside shelters.

Federal Task Force on the Homeless

Summary of Regional Accomplishments/Current Activities

In cooperation with national office efforts, the regional offices continue to respond to numerous requests for information on availability of federal resources to address the needs of the homeless, to network with State and-local governments; to disseminate 'how to" type information, to provide information for congressional hearings in the field, to provide technical assistance on all aspects of addressing the problems of homelessness; and to obtain emergency supplies from GSA and the military (blankets, cots) to meet requests of individual providers. In addition to these routine activities, there have been some special successes which merit mention. Following is a region-by-region listing of some noteworthy accomplishments of the homeless initiative. Also listed are activities currently underway.

Region I

Accomplishments - Shelter

- Served as catalyst with the State of Massachusetts and the Greater Lawrence Community Action Council and the Coalition for the Homeless in the establishment in February 1984 of a homeless shelter at the Armed Forces Reserve Center in Lawrence, Massachusetts. This facility has been used two winters and is still in operation;

- Arranged with the local Army base for the long term loan of army cots to the Lawrence (Massachusetts) shelter in response to two separate requests.

- Participated in the establishment of an emergency shelter at Worcester, Massachusetts which is leased from the Army by the Red Cross and used "as needed" to assist victims of disasters while they seek other temporary housing.

- In March 1985, assisted the Lynn Friendship Club (Massachusetts), a State-funded community provider, to lease the basement of an HHS owned building in order to shelter up to 30 homeless persons.

- Linked several community groups with HUD, resulting in HUD locally developing a system to keep track of housing stock that becomes available in those areas of interest. HUD will notify them when a building appears on the list that might fit the groups' needs.

- arranged a meeting with HUD, HHS and DoD officials and officials from the Boston Emergency Shelter commission, the Shattuck Hospital Shelter and St. Francis House to discuss the use of the Roslindale Army Reserve Center. To date no request has been received for use of the center. At that meeting, arrangements were made to secure 500 blankets for the Shattuck Hospital.

- Assisted in the successful linkage of three food banks with four commissaries where none existed prior to the transfer of the program to the regions.

Current Activities - Shelter

- Currently working with State and local government officials and community providers in Springfield, Massachusetts to establish another Army Reserve Center as a shelter.

Region II

Accomplishments - Shelter

- Initiated by SSA in late 1981, this project is a cooperative effort with the New York City Human Resources Administration (HRA) and the New York State Office of Disability Determination (ODD). Under the project, SSA teams, which include analysts, physicians, and psychiatrists from ODD and HRA, visit shelters for the homeless at scheduled times to provide both assistance in completing applications and resources to insure the availability of medical evidence so that processable claims are obtained. during the three years the project has operated, the allowance rate has risen steadily from 18.4% in the first few months to nearly 85% early in 1985. Because of the projects success, SSA is considering expanding it to albany, Syracuse, Rochester and Buffalo.
- Arranged for the acquisition and transportation of 300 chairs and tables for use in a feeding program operated in a welfare hotel in New York City.

Current Activities - Shelter

- HHS, through GSA, offered the City of New York a building in Brooklyn (currently occupied by the VA, but which has 100,000 square feet of vacant, available space) for use as a shelter. HHS awaits response by the Mayor's office.
- Assisting the Social Services Board of Monmouth County, New Jersey to acquire the Ft. Monmouth Army facility to establish a shelter.
- Working with the Director for Social Services for Middlesex County, New Jersey, DOD, Catholic Charities, and United Way to acquire facilities at Camp Kilmer (Edison, New Jersey) for a shelter.
- Working with Westchester County, New York to develop a homeless shelter program for women in Mt. Vernon, New York.
- Exploring methods of assisting Morris County, New Jersey in dealing with its homeless problem.

Region III

Accomplishments - Shelter

- In November of 1984, the Administration made an agreement with Mitch Snyder of the Center for Creative Nonviolence (CCNV) to develop a model shelter for the homeless. This agreement stipulated that funding for this renovation of the current shelter at 2nd and D Streets would be provided by the Federal Government. However, during deliberations over the implementation of shelter renovations, staff from the Department and the CCNV reached an impasse regarding the kinds of renovations necessary to continue operation of the shelter and the level of funding required to make the renovations. After careful consideration and analysis of all factors involved, the Under Secretary decided to close this shelter. The CCNV brought suit against the Federal Government in an attempt to prevent the closing of the shelter. This matter is currently under review by the courts. In the meantime, in order to be prepared to accommodate the homeless when the cold weather arrives, we are continuing to try to identify alternate facilities to which residents of the shelter at 2nd and D Streets can be referred. Funds previously identified for renovations of that shelter may be used to facilitate this effort.

- In January 1984, the Regional Office initiated discussions with the City of Philadelphia to make a GSA property available for a shelter. When the city expressed interest in the site, the Regional Office negotiated with DoD and GSA to accomplish a transfer of title to DoD. DoD was then able to provide funds for site renovation. On September 19, 1984, the Regional Director officiated at the transfer of the lease of the site from DoD to Philadelphia along with $500,000 in funds for renovations and maintenance. The site will serve as a detoxification center and shelter for homeless men suffering from drug and alcohol abuse. Site renovations have been completed. Under Secretary Charles Baker participated in a ceremonial opening of the facility on May 10, 1985.

Current Activities - Shelter

- Trying to identify a feasible site for the City of Pittsburgh. A DOL Job Corps site looks promising. If found suitable, the Regional Office will initiate discussions with the City for the site (which probably will not be vacated by DOL until 1986).

Region IV

Accomplishments - Shelter

- A regional conference on the homeless initiative was held on September 17, 1985. Over 200 Federal, State and local government and private sector participants from eight States convened in Atlanta to share experience and expertise. The regional office has received over a dozen calls from cities across the nation requesting information distributed at the conference.

- Instrumental in accessing FEMA funds for the City of Memphis, Tennessee to rehabilitate 10 single unit family houses for homeless shelters.

- Instrumental in accessing HUD Community Development Block Grant funds in Atlanta to develop a downtown day shelter with toilet and shower facilities, phones, and job referral services.

- Obtained 1,410 cots from FEMA for use in Atlanta and Greenville, South Carolina shelters.

- Obtained 200 sheets, 200 pillow cases and 100 pillows from FEMA for the Phyllis Wheatley YWCA Women's Shelter for homeless women and children.

- Put Community Services Program of Gainsville, Georgia and the Coastal Plains Area EOA of Valdosta, Georgia in touch with the Georgia State Surplus Property Division where they could get items needed to help the homeless.

- Surveyed 49 cities in Region IV to identify needs and problems in dealing with the homeless.

- Developed a working agreement to share services between two primary care clinics and a health project for the homeless funded by the Robert Wood Johnson Foundation in Atlanta.

- Participated in the Regional American Public Welfare Association Conference in October 1984 to promote shelter and food bank development.

Accomplishments - Food Banks

- Arranged with GSA to use a vacated motor pool complex to unload large shipments of cheese, butter and other food products which were then distributed by the United Urban Ministries. Over 300,000 pounds of food have been unloaded there.

- Arranged, at no cost, agreements with the Tennessee Truckers Association to deliver food shipments to four food banks in Tennessee, and with the Georgia trucking Association to deliver food shipments for the Atlanta Food bank in Georgia when there were food commodities needed shipping and empty trucks were available.

- Assisted in the linkage of 40 food banks and commissaries which has led to the donation of over 125,000 pounds of food.

Region V

Accomplishments - Shelter

- Assisted 4 cities in conjunction with the Robert Wood Johnson homeless health care program.

- Participated in a work center to promote shelter acquisition establishment assistance at an American Public Welfare Association conference this September.

- Worked with the cities of Dayton, Columbus and Cleveland, Ohio and the State of Wisconsin in exploring GSA and/or military facilities which can be used as shelters.

Accomplishments - Food Banks

- Since taking over the DoD food bank linkage program, the Regional Office has been successful in linking three food banks to Air Force Base Commissaries. The most successful linkage is one between Scott Air Force Base and the Salvation Army of Belleville, Illinois. This linkage was the direct result of the Regional Office visit to the community and the base. In the last quarter, it resulted in 14,000 pounds of food being given to the needy in the Belleville area.

Region VI

Accomplishments - Shelters

- Acted as a facilitator for an agreement with the Hotel/Motel Association of Dallas to have a group of motels donate 200 room-nights per year for temporary emergency shelter.
- Assisted the City of Dallas in assessing the need for shelter for the homeless. As a result, the city refurbished 16 low-income housing units for occupancy by homeless for 30-60 days.
- Initiated a directory of shelters for the homeless, which subsequently the Federal Task Force asked each region to do. It is regularly revised to keep it current.
- Disseminated Child Support Enforcement, Food Stamp and Supplementary Income Information to shelters, resulting in the homeless receiving benefits.
- Negotiated with Dallas Goodwill Industries on the selling of unsold clothing to shelter directors for 50¢ an item.

Accomplishments - Food Banks

Region VI has 37 food banks, with 20 successful links with military installations, resulting in over 250,000 pounds of food in 1984. With four new links this year, 1985 promises to be even more successful.

- Meeting with the Vice-Wing Commander of Kirtland AFB, New Mexico, which resulted in the donation of 8,000 pounds of food the following week to the Roadrunner Food Bank and regular weekly pick-ups. This meeting had a domino effect with Hollamon AFB and Cannon AFB, both in New Mexico, contributing to their local food banks.
- Conducts food drives within the Federal community for the food banks in the Dallas-Fort Worth metroplex.
- Provided a Public Service Announcement on food banking to each food bank resulting in public awareness and education on food banking.
- Assisted the Shepherd Center Food Bank, Alexandria, Louisiana in organizing and linking it with England AFB, resulting in regular pick-ups of food from the Commissary.

- In 1981-82, the Regional Director's Office, Region VI, played a "founding father" role in helping a group of citizens in Dallas, Texas establish the North Texas Food Bank. In its first full year of operation (1983) the Food Bank received from the community and distributed 1,846,485 pounds of food. More than 1,208,000 pounds of government commodities were also received and distributed for a total of 3,054,544 pounds. Calendar year 1984 has proved to be even more outstanding. Community donations reached 2,621,999 pounds and government commodities increased to 1,634,234 pounds for a total of 4,256,233 pounds. President Reagan visited the North Texas Food Bank on one of his trips to Dallas.

Current Activities - Shelters

- Attempting to get GSA regulations changed so that the State Surplus Property can be transferred to shelters for the homeless and food banks.

Current Activities - Food Banks

- Planning a visit with the Wing Commander at Blytheville AFB, Arizona for the purpose of getting the Commissary to contribute to the local food bank.

- Working with a group in Shreveport, Louisiana for the purpose of opening a food bank.

Region VII

Accomplishments - Shelter

- Assisted in the establishment of an area clearinghouse to keep track of eligible participating agencies in the St. Louis Council that utilize emergency food and shelter programs. The central file can be accessed by all participating agencies to keep track of services being provided to individuals and families.

Accomplishments - Food Banks

- Region VII has 14 food banks. Of that number, six are linked to commissaries. Presently only the Southeast Kansas Community Action food bank is receiving non-marketable food from its linked commissary.

Current Activities - Shelter

- The Regional Office is on the verge of developing a successful project among the Salvation Army, Junior League, et al, and various governmental agencies to provide emergency shelter for St. Louis County. The Regional Office has been instrumental in developing this partnership.

- Kansas City, Missouri, has been designated by the Department of Housing and Urban Development as a demonstration site for a $4 million pilot homeless project. Existing not-for-profit agencies will work directly with the homeless, establishing them in a temporary Section 8 home for a specified period of time. The objective of the pro-ject is to stabilize and ultimately remove homeless individuals and families from the homeless rolls. The HHS Regional Office is supplementing the Kansas City initiative by securing logistical support items, e.g., beds, cots, furniture, blankets and other equipment.

- The Region VII Regional Director has proposed an innovative partnership by the Missouri Residential Care Association (boarding homes association), to provide temporary shelter for the homeless in Metropolitan St. Louis, Missouri. The Salvation Army has agreed to screen the homeless for the available beds in the boarding homes. Although the proposal has been well received, it has not yet been implemented by the Missouri Residential Care Association or by a similar organization. The initiative does, however, have great potential as an alternative solution as an emergency shelter for the homeless.

- Shelter activities are ongoing throughout the region as available potential space is evaluated for use as temporary emergency shelters.

Region VIII

Accomplishments - Shelter

- Assisted in opening two private shelters for women in the Denver area. HHS is represented on the advisory board.
- Assisted in opening of a private shelter in Rapid City, South Dakota.
- Involved in negotiations with the City of Denver to turn HHS facility into a shelter by winter of 1985.

Accomplishments - Food Banks

- Assisted in the linkage of food banks and commissaries, resulting in the donation of over 391,000 pounds of food.

Region IX

Accomplishments - Shelters

- Have established an active Interagency Task Force on the Homeless at the Regional level to facilitate information-sharing and handle multi-agency requests for assistance.

- Have established an ongoing working relationship with key local staff responsible for homeless issues in San Francisco, Oakland/Alameda County, Los Angeles, Sacramento, and San Diego.

- Initiated a special outreach effort in December 1984 in connection with dissemination of the Homeless Resource Guide to Governors, key cities and counties, and other local non-profit agencies active in the homeless area.

- Worked closely with the State of California Department of Housing and Community Development in developing information on Federal programs and possible areas of joint Federal-State activity, as part of the overall State report on the homeless issued in April 1985.

- Presented testimony on behalf of the Federal Task Force on the Homeless at a March 1985 joint legislative hearing of the Assembly and Senate human services committees in Sacramento.

- Helped arrange support from the Federal surplus property system on behalf of a Christian-based shelter project in San Diego which needed beds and blankets.

- Organized a California working group on the homeless in August 1985, linking local homeless task forces with Federal and State agencies and Statewide private sector groups.

Accomplishments - Food Banks

- Have managed the food Bank-Commissary program in the Region since June 1984 and helped it achieve a more than 500% increase in food donations over the amount recorded through June 1984.

- Developed the Summary Performance Report format now used nationally for the Food Bank-Commissary program.

- Initiated a regular information outreach effort for all food bank directors and commissary officials covering Regional and national issues of interest.

- Worked with Regional IRS staff to develop an information package for use by all HHS Regions in informing food banks and commissaries of the 1984 IRS regulatory change regarding charitable contributions of food and other property.

- Developed an information package on Region IX "Good Samaritan" laws which exempt food donors from liability, for use by food banks and commissaries in encouraging additional vendor participation in food donations.

- Worked with all certified food banks in the Region in support of National Care and Share Day 1984 and developed a special summary report for the DUSIGA based on a telephone survey of food bank directors highlighting issues and recommendations for Care and Share Day in 1985.

- Worked with a local beverage distributor and with the Regional Second Harvest representative to arrange a donation of 39,000 cases of diet Pepsi soft drinks to Bay Area food banks.

- Helped a new San Diego food bank receive the necessary materials from ACTION regarding a possible VISTA volunteer assignment.

- Addressed the Northern California chapter of the American Logistics Association in April 1985 regarding the Food Bank-Commissary program.

- Worked with USDA Food and Nutrition staff in developing a special workshop for congregate feeding sites on use of surplus commodities, which was offered jointly with the State of California nutrition staff in May 1985 for Bay Area agencies.

- Provided special briefing materials for the Secretary in connection with her April 1985 visit to Las Vegas to present a special award to the local Gleaners, Incorporated food bank. Developed a briefing bank on the military commissary system for use by Region IX food banks and adaptation by other Regional Offices.

Current Activities - Shelters

- Working closely with DoD, the national Committee for Food and Shelter, State housing officials, and Alameda County in trying to preserve the possibility of opening a family homeless shelter in renovated Army barracks at Camp Parks in Pleasanton, California.

- Working with Los Angeles County to implement a special SSI outreach project for the homeless modeled in part after the New York demonstration, and involving cooperative action by the county, the State Disability Determination Service, and Region IX SSA.

- Working with the City of Los Angeles on the possible use of the former Army property at Fort MacArthur and other local military holdings as a veterans or general homeless shelter site.

- Working with Los Angeles County on ways to expand the use of representative payees on behalf of the mentally ill homeless.

- Working with VA and Los Angeles County on a better local referral system for homeless veterans to out-stationed VA benefit counselor staff in a downtown mental health center.

- Working with a newly-assigned Regional Task Force representative from the Department of the Interior to check on possible surplus facilities which may be on National Park Service property.

- Working with newly-assigned Regional Task Force representatives from the Department of Energy on an information piece covering use of weatherization funds in DOE for shelters.

- Working with VA and with a newly-forming California association of shelter providers on a process for updating and distributing a directory of local shelters in California, using the recently-completed HHS and VA surveys of local shelters as the baseline information.

- Monitoring communications between DoD, the State of Hawaii, and the City and County of Honolulu regarding potential shelter opportunities in Honolulu involving military properties.

- Working with California State agencies and Statewide non-profit groups on a possible manual of shelter resources, consisting of brief one-page descriptions of Federal, State, and local resources which might be accessed in support of shelter projects.

- Initiating discussions with Farmers Home Administration (FmHA) staff, State rural housing officials, the community action association, and county supervisors association regarding possible opportunities in rural counties impacted by homeless for use of vacant FmHA properties as shelters.

- Working with Santa Barbara consortium of churches and the Army Corps of Engineers on pass use of vacant buildings at Vandenberg AFB for a homeless shelter.

Current Activities - Food Banks

- Provided technical assistance to and are currently working with a local food bank operation in Flagstaff, Arizona regarding possible use of vacant property at the Navajo Army Depot for the food bank warehouse.
- Helping a San Diego food bank with their request for surplus government shelving to use in their warehouse.
- Exploring with Regional Second Harvest staff the possible distribution to military commissaries of a new Second Harvest poster explaining how to distinguish safe from unsafe salvage canned goods.
- Suggested to national Task Force staff a possible new initiative with DoD involving commissary storage and re-distribution to food banks of food samples which vendors bring to regional commissary complexes as part of their regular presentations on food product lines, now set to be implemented in the Fall of 1985.
- Working on a new information package to food banks providing updated information on the GSA surplus property program.
- working with a newly-forming countywide food bank in Alameda County on possible access to military warehouse space and linkage to the two local military commissaries.
- Working with a newly formed Arizona Food Bank Association on new commissary linkages in the State and other technical assistance efforts.

Region X

Accomplishments - Shelter

- July 5, 1984, joined Seattle Mariners baseball club and the City of Seattle in co-sponsoring a benefit for shelters. Fans attending the baseball game donated food, blankets, and personal care items in exchange for Mariners souveniers. Cash and contributions were valued at $10,000.

- In November 1984, assisted in establishing the St. Martin de Porres Shelter. HHS acquired GSA warehouse space on the Seattle waterfront and contracted with Catholic Charities to provide shelter for 100 men per night. HHS also acquired $150,000 in GSA renovation funds to renovate the facility. HHS assisted in soliciting local corporate and foundation support to furnish the shelter. This effort raised $7,000 for shelter furnishings and included the acquisition of a bus to transport shelter residents. HHS continues to be represented on the shelter's advisory board.

- Worked with the City of Seattle to secure funding for the El Rey Apartments project, a day shelter for the mentally ill.

- In March 1984, distributed 1,600 surplus wool army blankets and 100 cases of dehydrated food acquired from GSA to 15 emergency shelters in Seattle and Tacoma.

Current Activities - Shelter

- Participating on the Seattle Mayor's Task Force on the Homeless to help the city develop action priorities for addressing the homeless problem.

- Participating on Snohomish County Washington's Homeless Task Force to help the county develop strategies for addressing the homeless problem.

Current Activities - Food Banks

- Working with DoD and GSA to secure surplus food for two Seattle soup kitchens.

HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON EDUCATION, TRAINING, AND EMPLOYMENT
STATEMENT OF GRADY HORTON
DEPUTY CHIEF BENEFITS DIRECTOR FOR PROGRAM MANAGEMENT
VETERANS ADMINISTRATION
SEPTEMBER 10, 1986

Mr. Chairman:

Thank you for the opportunity to discuss the Veterans Administration's policies affecting homeless, unemployed veterans, and to tell the Subcommittee some of what the VA is doing to assist veterans in securing gainful employment and adequate housing. You asked us to address five specific questions.

I. Who are the homeless veterans?

About two years ago, the Department of Housing and Urban Development completed a study that indicated there were about 350,000 homeless persons in the United States. A recent study, to be published by the National Bureau of Economic Research, appears to confirm this estimate. There are no statistics available to show how many of these are veterans, but we are aware that veterans may be substantially represented in that number.

A study conducted at the Edward Hines, Jr., VA Medical Center last year found that 84 percent of all homeless veterans seen were between 20 and 59 years of age, with the median age being 45; 99 percent were men; and only one percent had families.

There are no reliable statistics to indicate the distribution according to specific wartime or peacetime service. Broader demographic figures indicate a majority of the homeless are white; about half have been nontransient for the past year; and their educational level is higher than average. These estimates are derived from a 1985 report of the National Mental Health Association entitled "Mentally Ill People Who are Homeless: Recommendations for Action by MHA Affiliates" (NMHA report).

II. Where are the homeless veterans located?

Homeless veterans are in every part of the nation, but are concentrated in greater numbers on the West Coast, if they follow the general patterns reflected in the NMHA report. General observations indicate that transient and temporary homeless persons are in equal proportions in cities and rural areas; however, because of the availability of benefit offices, shelters, and food programs, a proportionately larger number of the long-term homeless probably reside in the large cities.

III. Why are homeless veterans unemployed and unable to provide shelter?

External circumstances, such as economic and technological changes, have resulted in unemployment for a number of people. Unemployment may lead to the loss of shelter, since rent or mortgage payments cannot be made. Many persons suffer unemployment and homelessness because their judgment is impaired by mental illness or the use of alcohol and other drugs. The Hines VAMC study indicated that a significant number of veterans may suffer from mental illness, alcoholism, or drug abuse.

Homeless veterans appear to be characterized by absence of family relationships and by problems which impair their ability to hold and maintain employment. Homelessness is one symptom of these adjustment difficulties. The task of assisting these veterans is one of helping them to integrate or reintegrate themselves into society to the extent their circumstances and condition permit. The efforts being made to accomplish this goal constitute the rest of my presentation.

IV. What is being done to help homeless veterans overcome the barriers to employment and housing?

America has made a major commitment to those who have served in our Armed Forces, particularly those who served during wartime. That commitment is reflected in the enormous success the VA has achieved in assisting the nation's veterans to effectively enter the mainstream of American life. We believe that only a very small portion of the entire veteran population is homeless, thanks to the programs we administer.

Since World War II, the VA, through the three GI Bills, has provided educational benefits to more than 34 million veterans, and nearly one million veterans with service-connected disabilities have received training through the VA's Vocational Rehabilitation and Counseling Program. Few would deny the extraordinary success of these programs.

Direct income support to disabled veterans, through the VA compensation and pension programs, assists nearly 3 million veterans and their families in maintaining economic viability.

Our system of Mental Health Care Programs includes 154 Mental Hygiene Clinics, 60 Day Treatment Centers, 40 Day Hospital Programs, 103 Alcohol Dependence Treatment Programs, and 51 Drug Dependence Treatment Programs. It is estimated that approximately 10% of the 650,000 veterans treated annually at VA Mental Health Service's outpatient and ambulatory clinics are classifiable as homeless, characterized by lack of a fixed address, lack of employment, and/or lack of available family.

During the mid-1970's, the VA reported that 6-8% of all veterans hospitalized for acute care of alcohol or other drug dependence conditions were identified as critically deficient in competitive job skills, had histories of repeated relapses after treatment, had a high prevalence of medical complications from the chronic substance abuse, lacked significant personal support such as family, and often lacked even a fixed residential address. There was a need for a supportive residential environment to facilitate transition from inpatient treatment programs to the community.

Public Law 96-22 authorized the Administrator to contract for care, and treatment, and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence disorders. The program has flourished. It enjoys the enthusiastic endorsement of VA clinical and administrative staff across the country. During the last several years we have been outplacing approximately 5,000 veterans annually into non-VA contract community-based facilities, with VA budget support for up to 60 days of residential care, and in a minority of cases, supporting up to 90 days of contracted care. A 9-months followup study on 1,000 veterans outplaced, reported by VA hospitals in 1984, revealed that at the time of initial VA admission, 30% of the veterans were employed on a full-time basis. At 9 months followup, 48% of those who had completed the contracted community program were employed full-time, a 61% improvement. Of the group who had rejected the contracted program placement, and accepted instead a referral to outpatient clinic treatment, 40.5% were employed full-time, a 35% improvement.

A growing number of VA medical centers have expanded collaborative efforts with the community in response to the need to meet basic health and human concerns of citizens who are unable to cope with the routine demands of daily living. Liaison has been established among medical centers, regional offices, and shelter programs to facilitate referral and provision of services. As of December 1985, 73 VA facilities reported staff members serving on community boards, councils, committees, and task groups which were addressing the needs of the homeless in their communities.

The VA's Domiciliary Care Program and Community Residential Care Program provide treatment and shelter to a significant population of veterans who might otherwise be homeless. The

Agency operates 16 Domiciliary Care facilities that provide shelter and services to approximately 8,000 veterans daily. These facilities provide group living for disabled veterans with minimum daily medical and/or rehabilitation requirements. These are veterans who require the more immediate availability of health-related services and are able to function within a large group environment. To be eligible, residents must have an income of less than $415 per month; therefore, many would be without residential resources if this program were not available.

The Community Residential Care Program currently serves approximately 12,000 veterans, nearly 85 percent of whom have primary psychiatric diagnoses. This program provides residential care, including room, board, personal care, and general health care, supervision to veterans who do not require hospital or nursing home care but who, because of health conditions, are unable to resume independent living and have no suitable family resources to provide the needed care. Services are provided through private homes which have been recruited and developed by the VA to provide a full range of Adult Foster Care Services to chronically ill patients, most of whom are homeless. Care is provided at the veteran's expense through a combination of VA pension, compensation, Social Security, or other funds. These veterans receive outpatient psychiatric services from the VA and monthly followup visits from VA social workers and other health-care professionals as their circumstances indicate.

There is also the State Veterans Homes Program, operated under two grants. One is a per diem program that enables the VA to assist States in providing domiciliary, nursing, and hospital care to eligible veterans in State home facilities. The other provides 65 percent Federal funding for the acquisition and construction of domiciliary and nursing home facilities, and expansion or alteration of existing facilities. During FY 1985, these State veterans homes provided for an average of 7,846 nursing home residents, 4,334 domiciliary residents, and 498 hospital patients.

The Vet Center Program currently consists of over 189 community-based centers located in leased, commercial store-front facilities, apart from VA medical facilities. The Vet Center Program was established in 1979, to provide community-based outreach and counseling services to address the full range of readjustment problems of Vietnam-era veterans and their families.

Vet Center staff are specifically skilled and strategically located to provide the community outreach essential for making contact with the homeless veteran. Once homeless veterans have become clients, Vet Center staff have been involved in providing direct counseling, and/or in coordinating the overall case plans for those veterans requiring referral to other VA services. Many of the Vet Centers are in high-density urban areas and serve a substantial number of lower income veterans, including those who are homeless. Vet Centers are particularly active in networking with various VA and non-VA resources in meeting the shelter and other needs of veterans.

We do not rest on the past successes of the Vocational Rehabilitation and GI Bill programs. There are currently over 29,000 veterans approved under the Vocational Rehabilitation Program, and more than 41,600 veterans who are currently approved for training under the Veterans' Job Training Act. Moreover, we anticipate that there will be over 461,000 veterans enrolled in all other VA training programs during FY 1987. We are confident that these programs will ultimately result in the employment of large numbers of veterans who might otherwise be unemployable. Many of these would, no doubt, be homeless.

Two significant programs operated under the VA's Loan Guaranty Service assist in meeting the housing needs of veterans. Through the Loan Guaranty Program, qualifying veterans are enabled to acquire long-term home loans under terms more favorable than loans available to nonveterans. During the first 10 months of FY 1986, the VA guaranteed nearly 166,000 loans for veterans purchasing homes. Under the Specially Adapted Housing Program, certain veterans with severe service-connected disability are provided grants by which they may purchase or modify a home tailored to accommodate their particular disabilities. During the past 11 months, 316 such grants were issued. Through the loan guaranty services, a Home Retention Assistance Program, is offered veterans who are in danger of losing their homes because of financial difficulties that are no fault of their own. Assistance includes financial counseling and intercession with the lender to seek forbearance or arrange a reasonable payment schedule. If eviction appears imminent, consideration is given to retaining the family in the house if they demonstrate an ability to maintain the property with care. Consideration is also given to delaying evictions until after inclement weather or after the school years ends for dependent children.

The VA operates the Fiduciary and Field Examinations Program to provide oversight of benefit funds paid to fiduciaries on behalf of mentally incompetent and other legally-disabled beneficiaries. VA field examiners conduct periodic visits to ascertain whether the housing and other needs of such beneficiaries are met, and take corrective action when indicated. There presently are 74,412 legally-disabled veterans whose benefit payments are supervised under this program. Field examiners made a total of 84,360 program visits during the past 9 months.

The VA, along with 14 other Federal agencies, is represented on the Federal Interagency Task Force on the Homeless. The lead agency is the Department of Health and Human Services. The purpose of this Task Force is to coordinate, remove impediments to, facilitate, and expedite Federal responses to the issue of homelessness.

This Agency, along with the other Federal Interagency Task Force members, has joined with the Robert Wood Johnson Foundation in an 8-city model project designed to determine appropriate comprehensive care for the chronically mentally ill who are not institutionalized, including the homeless. The VA has contributed $100,000 for the evaluation phase of this program, and intends to maintain active participation as the program progresses. Other funding includes a $32 million grant from the Johnson Foundation and $74 million in housing vouchers from the Department of Housing and Urban Development. The 8 city sites will be selected in November.

The VA, Social Security Administration, Department of Labor, and Veterans Service Organizations have joined forces for a 10-city model project called "Jobs For Homeless Veterans" to locate, rehabilitate, and employ the hard-to-reach homeless veterans who are not being reached through existing programs and shelters. Emphasis will be on utilizing resources currently available within the community. Veterans Service Organizations will form support groups for individuals in the program. The VA has named thirty staff members to participate in this program, ten of whom will represent the Agency on local working groups, ten of whom will act as alternates, and ten as Department of Veterans Benefits points of contact.

The Department of Veterans Benefits and the Department of Medicine and Surgery are currently issuing instructions to the field stations to implement these initiatives. The Agency is emphasizing the further development of casefinding and referral procedures between VA medical centers and local shelters, to coordiante with community programs in meeting the various health and welfare needs of the homeless. VA medical Center social workers, Vet Center counselors, and VA Regional Office veterans benefits counselors have already established liaison with homeless shelters in many metropolitan areas so as to provide outreach services to veterans for both the VA and the Department of Labor. Cooperative strategies are being formulated.

The readjustment Counseling Service has formed a special task force of selected Vet Center staff which is assessing the homeless cases being seen in Vet Centers and formulating strategies for dealing with this population. Through a special survey of Vet Center outreach, networking, and direct services conducted by the task force for the first five months of FY 1986, it has been determined that since October 1, 1985, 3,050 of 28,000 new cases opened were in the homeless category (10.9%). Of these, 1,708 were referred to other VA services, and 1,342 were referred to private-sector agencies. In addition, a number, as yet uncounted, were provided with counseling at the Vet Center. Also, Vet Center staff have conducted shelter surveys in 13 cities since October. Multiple Vet Centers are engaged in outreach and networking of community and VA resources for Vietnam era veterans.

In summary, there is probably no other segment of our society which has more effort, resources, and skills devoted to alleviating unemployment and homelessness, and the causes thereof, than veterans.

V. What else could be done by Federal Agencies, veterans organizations, and other concerned groups to ensure that homeless veterans who are potentially employable find and maintain employment?

In view of the initiatives that have recently gotten under way, by both Government and the private sector, we believe it would be premature to attempt to identify specific additional measures that might be taken. We need to concentrate our resources and energies on these ongoing projects. When we see the results, we will be better able to ascertain what else needs to be done. Clearly, all of us, both in government and in the private sector, who are concerned about these problems need to continue efforts to make contact with the homeless, remove impediments to their employability, and bring them back into the mainstream of American life.

Mr. Chairman, that concludes my prepared testimony. I will be pleased to respond to any questions you or other members of the Subcommittee may have.

Services to Homeless Veterans

Veterans Services Division (VSD's) in VA regional offices have traditionally handled public contact/public service activities for the Department of Veterans Benefits in the field. These divisions offer counseling, information, claims assistance, problem solving, inquiry resolution and referral services to veterans, their dependents and survivors. An extensive network of information and referral services exists between the regional offices, the Department of Medicine and Surgery and other public and private programs offering public service and assistance.

VSD's provide their services through personal interviews at regional offices and subordinate locations, telephone interviews through the extensive toll-free system and through outreach services. In addition, these divisions administer the Fiduciary and Field Examination program which provides guardianship services and supervision in more than 125,000 VA cases.

These several responsibilities have brought our VSD's actively into the area of service to persons who are destitute or in other hardship situations.

In January 1984, we were notified of the activities of the Department of Health and Human Services' (HHS) Task Force on Shelter for the Homeless. On January 19, 1984, we participated in a meeting with James Hearn, the HHS contact, and Rabbi Martin Siegel of the National Citizens Committee on Food and Shelter. DVB, DM&S and the Office of Construction explained existing services, the network of information and referral systems, the barriers to effective assistance to the "homeless" and generally agreed to assist where possible to do so.

Some of the emphasis in this meeting was related to the major shelter which had just been established in Washington, D.C. Subsequent to this meeting, we furnished extensive materials on veterans benefit programs to the Task Force and to Rabbi Siegel. Arrangements were made for some direct, on-site services at the Washington Shelter by our Washington Regional Office. This was established because of the allegation that "huge" numbers of the homeless were veterans needing medical care and benefits assistance.

In February 1984, all regional offices were contacted through their respective Field Directors to explain the work of the Task Force and of the National Citizens Committee on Food and Shelter. Regional offices were asked to be alert to the possibility of local contacts from individuals or groups seeking VA support of the national effort or of local shelters and their temporary residents who may be veterans.

There were additional contacts in March 1984 with Rabbi Siegel. Receipt of DVB materials was acknowledged and declared useful. He requested we arrange for meeting with 5 regional office and Committee representatives in cities where shelters were being opened. We suggested he simply provides us a list of the locations and contact points and that we would locally initiate the contacts. He agreed, but such a list was never furnished and the cities were never named.

DVB also suggested a meeting in March or April 1984 with key people in the local shelter effort so we could discuss the contact and outreach efforts of the Washington Regional Office and Washington Medical Center. The Committee agreed this could be productive and agreed to contact us for such a meeting. We had no further word.

The Washington Regional Office's VSD provided personal services at the Washington, D.C. shelter in the evenings during March 1984. They found generally the estimates of veteran population to be exaggerated. The average shelter census during the period was 765 persons. Twenty-six persons asked for DVB assistance. Such assistance involved a variety of programs from employment, to Veterans Education Assistance Program refunds, to military service verification, to disability reevaluation. Several veterans had college degrees. One had a large monthly income (over $800 in military retired pay) but indicated he was saving his money for a "rainy day." It was the impression of the VA employees that the majority of veterans served were aware of their benefits and a number had previously visited the Regional Office or Medical Center.

Because the District shelter is only a few blocks from the Washington Regional Office, on-site services were terminated.

Recently, we contacted 11 of the larger regional offices to determine whether any special services were being provided to shelters for the homeless at this time. As expected, we found these offices continue to maintain close associations with social service agencies, housing authorities, charitable organizations, etc., which may serve persons in need of food, shelter, or other public assistance. Most have not been able to undertake new, specific outreach initiatives because staffing resources are not available.

The involvement of several are, however, highlighted:

* Personal visits have been made to the Anacostia Shelter and to Christ House on Columbia Road in the District of Columbia. Liaison has been established with the shelter staffs for information and referrals relating to VA benefits.

A meeting was held with the D.C. Coalition for the Homeless on October 1, 1986, to formulate plans to provide improved service to the homeless.

We have met with the Social Work Services at the VA Medical Centers in Washington, D.C. and Martinsburg, West Virginia to discuss issues relating to the homeless. A meeting with the staff of Saint Elizabeth's Hospital in Washington, D.C. in October is scheduled in the hope of providing priority services for the homeless.

We are currently in the process of contacting all shelters in the Washington, D.C. area to update our list of contacts and to pledge our support to them in matters relating to VA benefits. All regional office Veterans Benefits Counselors are provided with a list of shelter contacts.

Over the last two years we have received 11 applications for claimants we have identified as homeless. Heavy workload and limited staffing have prevented us from being more active in outreach to the homeless. We anticipate, however, that we will be able to allocate additional resources in assisting the homeless in Fiscal Year 1987.

3.

* VARO Detroit has working contacts with the five shelters in the Detroit area. Three of the shelters are privately operated; two are public shelters. There is a regular system of referrals to and from the shelters with the VA; the regional office is "on-call" for service needs as required. These shelters provide food, beds, and emergency health care. There are no firm estimates of veteran populations, but they are estimated at 10%.

* VARO Buffalo is actively involved with the county and city shelter program through their close relationship with the social service agencies. This is conducted under Buffalo's "Care and Share program." There is a regular liaison relationship but most services are arranged by telephone rather than personal contact at the shelter (City Mission).

* VARO&IC St. Paul has an established relationship with the Veterans' Soldiers Home, the City Mission and other shelters operated by Catholic and Protestant Churches. Again, most of the contact and referral services are handled through established social services relationships.

* VARO New York has a working relationship with 13 shelters for men and 5 for women. The governmental contact is the Office of Human Resources, New York City. The RO's Community Service Specialist and a Veterans Benefits Counselor visit biweekly to provide information dissemination services and take claims. The VA established this service prior to City requests (begun in January 1983). The City has estimated that it has 30,000 homeless veterans although the VARO believes this to be an exaggeration. From October 1, 1984, to the present, the New York VARO has made 146 shelter visits; has interviewed a total of 1,550 veterans; and has taken 520 benefit applications.

* VARO Baltimore has regular contacts with shelters and homeless veterans based on social services liaison.

On September 17, 1986, Baltimore released 347 letters, with VA Pamphlet 27-82-2 included, to service agencies throughout Maryland. Of these, 126 were specifically identified as providing assistance to the homeless. The letters encourage the service providers to contact the Baltimore VARO for further information or assistance for a particular individual.

There have been no specific visits by Baltimore Regional Office personnel to shelters for the homeless, but on September 24, 1985, we held a seminar for members of the Baltimore Shelter Network. The Veterans Services Officer from the Baltimore Regional Office, the Chief, Social Work Service, and the Assistant Chief, Medical Administration, VA Medical Center, Baltimore, gave presentations on benefits in their respective areas followed by a question and answer session. All participants were provided copies of VA Pamphlet 27-82-2 and the IS-1 Fact Sheet for future reference.

All shelters are on an on-call basis. They all have the local toll-free telephone number and the Veterans Services Officer's telephone number for assistance as necessary.

On October 9 and 10, 1985, the Baltimore VARO participated in an educational forum called "CARING WINTER '85/'86" at the Festival Hall in Baltimore, Maryland. Public and private service providers were invited by Mayor William Schaefer to place displays in Festival Hall for those two days to educate each other as to the many services available to the homeless and other needy persons in the

4.

Baltimore Metropolitan Area. The primary focus was on persons needing assistance in finding adequate food, shelter, clothing and medical care. Veterans Benefits Counselors staffed the Baltimore VARO information table for these two days from 8:30 am to 9:00 pm, and distributed nearly 1,500 VA benefits information pamplets. It was estimated by forum organizers that approximately 4,500 people passed through Festival Hall on these two days.

* The San Francisco Regional Office has jurisdiction over 48 Northern California counties that cover approximately two-thirds of the geographic area of the state. We have identified 203 shelter and meal providers in that area. In the last two years we have contacted all of the providers in the area by letter on two separate occasions. The letter sent to the providers expressed our concern for the plight of the homeless and identified our Homeless Coordinator and the coordinator's telephone number so they could have direct access to benefit information and asistance. Our Homeless Coordinator has received only seven calls since the first letter was sent in April 1985 and none of the calls resulted in claims for VA monetary benefits.

We have conducted outreach efforts to the two largest shelters in Oakland and plan outreach efforts to the four largest shelters in San Francisco in the next month. Our first outreach effort to a homeless shelter, Mission S.A.F.E., was in April 1986. Mission S.A.F.E. is the largest shelter provider in Oakland, California. In August 1986, we initiated a monthly outreach effort to the Oakland Salvation Army, the second largest shelter provider in Oakland. We are currently discussing a special outreach plan with the four largest shelter providers in San Francisco: Episcopal Sanctuary, St. Vincent DePaul, Hospitality House, and 16th Street Hotel.

The only scheduled visit to shelters is our monthly outreach to the Oakland Salvation Army. However, once the special outreach plans to the four San Francisco shelters are finalized, we expect to conduct monthly outreaches to one or more of these shelters. If the outreach to these shelters proves successful, we will expand our program consistent with available division resources and staffing.

We have taken only seven applications to date from all homeless outreach efforts in the last two years.

We have been an active participant on two homeless task forces since mid-1985: the California Working Group on the Homeless and the Joint Task Force on Homeless Veterans. The California Working Group on the Homeless is an ad hoc committee of federal, state and local agencies chaired by HHS; this task force is not veteran specific. The Joint Task Force on Homeless Veterans is an ad hoc committee concerned only with the plight of homeless veterans in San Francisco. The Task Force membership includes local public health officials, shelter and meal providers, representatives from the Regional Office, local Vet Center and the Medical Center at Ft. Miley. We recently agreed to participate in the Veterans Resources Network, an ad hoc committee formed to deal with the problems of homeless veterans in Alameda County.

The involvement of regional office Veterans Services Divisions has been a matter of outreach policy since 1968 as part of our community services emphasis. It is, of cource, related to the many initiatives locally established in recent years under the aging outreach program (visits to homes, hospitals, senior citizen homes, nursing care locations, etc.).

5.

With regard to outreach to shelters and homeless veterans in general, our regional offices have shared these observations:

Identification of veterans' status is the most frequent problem encountered. Many of the persons with whom we have worked have no personal identification. allege they are veterans, recall no specifics of military service, have changed names, etc.

There have often been difficulties in having persons agree to submit to medical evaluation and care. Likewise, it has often been difficult, sometimes impossible, to arrange for physical and mental examinations for rating purposes. Most often, prior medical data to support claims is not available.

Because of the transient nature of so many, we have had difficulty with follow-through on pending claims, establishing semi-permanent addresses and assuring check delivery for benefits granted.

Personal information related to claims is often difficult to elicit. Likewise, non-medical records (including verification of dependents, etc.) are difficult to obtain.

WHITE PAPER
DEPARTMENT OF MEDICINE SURGERY
READJUSTMENT COUNSELING SERVICE

VET CENTER SERVICES TO HOMELESS VETERANS

Background

1. During FY 1985, as the issue of homeless persons came to national attention, Vet Centers at times reported observations that there may be significant proportions of Vietnam Era veterans, particularly Vietnam theatre veterans, in the homeless population.

2. Also, two spot surveys, one reported by USA Today and another conducted by a business group in San Diego, indicated high proportions of Vietnam Era veterans in shelters for homeless persons or amongst persons found on the streets.

3. For this reason, in February, 1986, undersigned asked for a count from all Vet Centers, of new cases opened in FY 1986 in VA Vet Centers of persons with homeless status, as well as staff hours devoted to such cases.

4. House Appropriations Committee Subcommittee on HUD and Independent Agencies was informed of this data collection at a hearing in March, 1986, in response to detailed questions from Congressman Boner of Nashville, TN about VA services to homeless veterans. The Subcommittee was informed that this data would be forwarded when collected.

5. Another development in this area occurred on April 10, 1986, when Mr. Raymond Cloutier, a consultant to the Assistant Secretary of Labor for Veterans Employment, spoke to the agency Advisory Committee on Vietnam Veterans. Mr. Cloutier is establishing a ten-cities pilot project for the Department of Labor (DOL), which will feature a local coordinating group in each of the cities. He reported that DOL estimates that a minimum of 500,000 persons are homeless in the United States on any given day, of which 25 percent to 33 percent are veterans. Housing Urban Development (HUD) estimates that of these, approximately 80 percent are Vietnam Era veterans. From these, DOL and HUD estimates, it appears that around 23 percent of all homeless persons in the country are Vietnam Era veterans. If the current VA estimate, that 42 percent of Vietnam Era veterans served in Southeast Asia is correct, then around 46,300 homeless persons on any given day are veterans who served in Southeast Asia (out of an estimated 115,000 Vietnam Era veteran homeless persons). It is emphasized that these estimates may be minimum figures.

Survey of Vet Center Homeless Veteran Caseload:

The following are the results of our count of homeless veterans case activity at Vet Centers for October, 1985 through February, 1986.

o Estimated total new cases opened	28,000	
o Number of new cases which were homeless Vietnam Era veterans	3,050	
o Percent of new cases in Vet Centers which are homeless veterans		10.9 percent

o Estimate of total staff hours devoted to homeless veteran cases	6.243	
o Average number of staff hours per case		2.05 hrs.
o Total number of homeless veteran cases referred on to other VA services	1,708	
o Total number of cases referred on to non-VA services	1,342	

Attached also is a summary of spot surveys either conducted by or known to Vet Center Team Leaders, of persons in shelters. These spot checks overall produce a percentage of Vietnam Era veterans (20-25 percent) which coincides with the estimated (23 percent) derived from DOL and HUD.

Comments on Vet Center Homeless Veteran Caseload:

- The data, showing that slightly over ten percent of all new cases opened in Vet Centers fiscal year to date are homeless veterans, tend to confirm the DOL and HUD estimates that Vietnam era veterans form a significant fraction of the homeless population.
- Vet Centers are providing significant outreach and referral services to this population.
- The number of staff hours per case is modest, which may indicate that staff are functioning appropriately to provide primarily outreach and referral services to this population.
- The majority of cases are being referred to other VA services.

Action and Plans:

- Readjustment Counseling Service has designated a Vet Center Program Coordinator for Homeless Veterans, who is Dr. Craig Burnette.
- The Task Force on Homeless Vets met on May 21-22, 1986, at VACO, Room 815A. A summary of the meeting agenda follows:

May 21, 1986

The morning session began with introductions and remarks by the Director of Readjustment Counseling Service with the Task Force Chairperson, followed by VACO and DOL officials who presented statements for discussion concerning inter-agency and intra-agency responses to the target population.

The afternoon session began with a presentation on ongoing programs directed at the target population, and concluded with statements of the goals, objectives, and assignments of the Task Force and its Subcommittees.

May 22, 1986

o The second day's meeting was devoted to group work sessions on the following two tasks:

1. A clinical assessment instrument for case planning with homeless veterans for use by Vet Center Counselors.

2. A refinement of the survey instrument to be used for further study of the incidence and parameters of the homeless veteran population.

o The Vet Centers will continue to provide services oriented towards outreach and referral for the homeless veteran component among the Vietnam Era veteran population.

ARTHUR S. BLANK, JR., M.D., Director
Readjustment Counseling Service (10B/RC)

June 16, 1986

Attachments

STATEMENT OF
DONALD E. SHASTEEN
ASSISTANT SECRETARY FOR
VETERANS' EMPLOYMENT AND TRAINING
BEFORE THE
SUBCOMMITTEE ON EDUCATION, TRAINING AND EMPLOYMENT
OF THE COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

September 10, 1986

Mr. Chairman and Members of the Subcommittee:

There is a federal commitment to help those who face serious employment barriers to become productive members of the work force. The Job Training Partnership Act, chapters 41 and 42 of Title 38 of the U.S. Code, and the Veterans' Job Training Act illustrate this commitment.

Homeless veterans clearly fall within this mandate. Accordingly, this spring I commissioned a study and field survey to assess the extent of homelessness among the veteran population, to examine federal, state, local and private initiatives which address the problem, and to come up with recommendations for the Department of Labor to fulfill its legal and moral commitments to help place these veterans in jobs.

I wish to share our findings with this Committee this afternoon and to describe to you initiatives adopted by the Department this summer to begin to help find jobs for homeless veterans. Our ultimate objective is to go beyond interim services and rehabilitation programs and to bring homeless veterans into the productive work force. This will decrease the number of street and shelter people, increase the productive work force and provide the individuals served with a solid work experience beyond cosmetic programs which deal only with problems arising from being in, or leading to, the streets.

Homelessness in America: The Numbers

1. The Department of Housing and Urban Development (HUD) estimated in 1984 that there were 250,000 to 350,000 homeless people in the United States on any given night. A recent study by Harvard's National Bureau of Economic Research estimated that in December 1985, there were 279,000 homeless individuals.

2. Since the turnover among the homeless is significant, the number of those who are homeless in any given year would be much larger. This larger number would reflect the majority who are "temporarily" or "episodically" homeless; that is, homeless for one or more short periods between jobs or when entitlements wear thin. Table 1 demonstrates that one-third may be homeless for less than 30 days and that perhaps another third are homeless for a year or more. (The harder case homeless.)

Table 1

Length of Homelessness: Indicators of Turnover Among the Homeless From Studies of Major Cities and Ohio.

City or State	Source	Percentage of Time Homeless	
		Less Than One Month	One Year or More
Boston	(1)	9%	60%
New York City	(1)	21%	56%
Los Angeles	(1)	23%	49%
Minneapolis	(1)	26%	34%
Ohio	(2)	39%	22%
Boston: Long Island Shelter	(3)	49%	33*
Milwaukee	(4)	23%	28%
St. Louis	(5)	36	N/A

*Over Seven Months

(1) DHUD: A Report to the Secretary on the Homeless and Emergency Shelters, April 1984, (page 30).

(2) Ohio Department of Mental Health: Homelessness in Ohio, (Dee Roth, principle investigator) Statewide Report. February 1985 (Page 35).

Dee Roth reported that this data indicated that nearly twice as many with alcohol problems were homeless for more than two years, compared to those without alcohol problems: NIAAA presentation, July 1985 (Page 4).

(3) University of Massachusetts at Boston: Boston's Homeless (Long Island Shelter Study 1985, Table 1.)

(However, 47% with alcohol and one other health problem had been homeless at least 7 months, page 13).

(4) Human Services Triangle, Inc. (Milwaukee) for Wisconsin Office of Mental Health: Listening to the Homeless, April 1985, page 21. (NOTE: 57% of shelter users were homeless for 6 months or less; 60% of non-shelter users were homeless for more than 6 months).

(5) Missouri Department of Mental Health: Homeless People in St. Louis (A shelter study), January 1985, page 49. (Almost 1/6 continuously homeless for 2 or more years.)

This table prepared by the Department of Labor, Assistant Secretary for Veterans' Employment and Training, from above studies.

Density of population appears to have a significant effect on where homeless people live. The HUD study reported that there are 13 homeless people per 10,000 population in large and medium-sized metropolitan areas; it drops by about one-half to 6.5 persons per 10,000 in metropolitan areas of less than 250,000.

The only statewide study available (Homelessness in Ohio, Ohio Department of Mental Health, February, 1985) does not report total numbers of the homeless in either urban or non-urban areas. However, it does report that (a) formal services in non-urban areas are quite limited, (b) non-urban places are hostile to homeless outsiders, and (c) service systems are targeted almost exclusively to local homeless residents. Homeless persons tended to be younger and more likely to be white and male.

The Characteristics of the Homeless

Age, sex and health characteristics of this population are significant to establishing rehabilitation and employability.

Age. The median age of the homeless is 34. Ten to 15 percent are over 50, and about six percent are over 60 (HUD).

Sex. About 80% of the homeless are males (see especially Ohio and Boston Long Island Shelter Studies).

Mental Health. Mental disabilities are a serious problem. While there are wide ranges of estimates of the number of homeless that are mentally ill, most of the evidence leads us to believe that up to one-third of the homeless require mental health services. (HUD, Ohio, Mass Assoc. for Mental Health and Los Angeles Homeless Studies.)

Alcohol and Other Substance Abuse. Another 30% to 40% have serious alcohol and/or drug problems. These are associated with higher incidents of health problems, less successful employment experiences, fewer social support systems and greater likelihood of victimization. (HUD, Boston Long Island Shelter, Mass. Dept. of Mental Health, St. Louis, Ohio Studies, et. al.)

Physical health problems plague 30% to 50% of the homeless population. Their plight is exacerbated by the length of time they are homeless and by alcohol problems. (Ohio, Boston Long Island Shelter, and St. Louis Studies, et. al.)

Homeless Veterans

1. Numbers. Veterans are a significant segment of the homeless population. Table 2 from Homeless Veterans in Los Angeles County, a paper presented at the Annual Meeting of the American Public Health Association, Washington, D.C., November 1985, lists proportions of veterans among the homeless reported in studies of 8 cities and the State of Ohio.

Excluding Baltimore (sample miniscule), and St. Louis (sample includes 50% women) it would appear that about one-third of the homeless population, and slightly more than one-third of the male homeless population, report themselves as U.S. military veterans.

Table 2

U.S. Military Veterans Among the Homeless*

			Veterans		Vietnam Era
Community	Sample Size	Year of	Vets % of Total Sample	% of Male Sample	as % of Homeless Veterans
Baltimore	51	1981-82	51%		35%
Detroit	75	1985	26%	36%	15%
Los Angeles	238	1983-84	37%	47%	33%
Milwaukee	237	1984-85	28%	—	
New York City	169	1981		32%	
Ohio	979	1984	32%		28%
Phoenix	195	1983	46%		36%
St. Louis	248		18%		
San Francisco	248	1982		31%	33%

*Adapted from Robertson and Abel, Homeless Veterans in Los Angeles County: A Preliminary Assessment, paper presented to the Annual Meeting of the American Public Health Association, Washington, D.C. November 1985.

2. Age Distribution. The Boston Long Island Shelter Study reported of its respondents in 1985 that (a) one-third of the homeless veterans had entered the service before 1960 and (b) one-third entered after 1968. (They note that one-half had left the military since 1970--almost all with an honorable discharge (90%) and 95% with an honorable or general discharge.)

Abel and Robertson reported the following age categories in Los Angeles County (Table 3).

Table 3*
Age Characteristics of Veteran and Non-Veteran Homeless Males (Los Angeles County)

Characteristic	Non-Veteran	Veteran
Under Age 30	34.8%	17.5%
Age 30 to 39	37.1%	36.3%
Age 40 to 59	27.0%	32.5%
Age 60 and older	1.1% (89)	13.8% (80)

*Adapted from Abel and Robertson, supra, page 3.

We have concluded from these data that a large number of homeless veterans are post-Vietnam Era veterans, that perhaps a third are Vietnam Era veterans and diminishing numbers are from the Korean Conflict and World War II. We also conclude that older veterans are disproportionately represented among the homeless, at least in Boston and Los Angeles.

Characteristics of Homeless Veterans

Veterans are a significant proportion of the homeless, and particularly of the male homeless population. Consequently they contribute to and share the general characteristics of that population.

Studies which address homeless veterans, however, indicate that (a) veterans age 55 and older are more prevalent among the homeless than in the population at large, (b) problems with alcohol are particularly significant, (c) they are more likely to have been homeless longer, and (d) they underutilize potential veterans' benefits and alcohol abuse services.

Veteran-specific comments from studies of the homeless:

A. Boston's Homeless: Their Background, Problems and Needs (prepared for the Long Island Shelter for the Homeless), Russell K. Schutt, University of Massachusetts, 1985.

1. Thirty-one (31%) percent of guests were veterans (37% of males were veterans).

2. Nineteen (19%) percent of veterans reported receipt of veterans' benefits.

3. Of those who had resided previously in Massachusetts, veterans and divorced persons were likely to have been homeless longer.

   [Note: The length of homelessness is associated with prevalence of health problems, including alcoholism and mental illness.

4. Forty-four (44%) percent of veterans who appeared at the shelter returned at least two times, compared to 22% of non-veterans; that is: veterans used the shelter at twice the rate of non-veteran males.

5. Homeless veterans tended to be older white males, more often divorced than always single or married, and more educated than other men.

6. Veterans were more likely to have dealt with hospitals but less likely to contact alcohol-related and social service agencies than non-veterans.

7. "Many of the homeless were veterans. They tended to have been homeless longer, to be more frequent shelter users, and to have somewhat more physical problems that other men. The low level of veterans' benefits received suggested . . . [they] may not have been tapping [resources available fully] . . ."

8. Veterans homeless for 7 months or more was 45%; non-veterans 33%.

9. Suggested that alcohol problems with homeless veterans tend to increase with age; psychological problems tend to decrease with age.

B. Homeless Sub-Study: Baltimore, Epidemiological Catchment Area Study, Johns Hopkins University (undated).

"More than half (51%) of the homeless reported military service; of these, 36 percent were Vietnam veterans. Despite the substantial proportion of veterans in the sample, only 7.8 percent of the homeless respondents reported that Veterans Administration hospitals or clinics were their usual source of medical care.

C. Listening to the Homeless (Milwaukee) Study for State of Wisconsin Office of Mental Health, April, 1985.

Homeless persons in the survey who had been in the armed services reported the following problems: (1) mental illness, 20%; (2) substance abuse, 47%; (3) no mental health problems, 24%.

D. Alcohol Problems and Homelessness; Findings from the Ohio Study, Dee Roth, prepared for NIAAA, July, 1985.

Because of the characteristics shared by homeless veterans who abuse alcohol with non-veterans in this category, the following observations from this study are relevant to this population:

1. A much higher proportion in the alcohol group (45.1%) are divorced than in the group without a drinking problem (20%).

   [The alcohol group, including non-veterans is older than the non-alcohol group, 50% over 40 years old vs. 32%].

2. A much larger percentage of the alcohol group (as a whole) had spent the previous night outside of a shelter (41.7%) compared to others (26.2%).

3. When asked how satisfying their life had been, people with alcohol problems were much more likely (27.9%) to say "not very satisfying" than were other homeless people.

4. The group with alcohol problems were more psychologically dysfunctional than the non-alcohol group. The psychiatric problem severity also tended to be higher.

Findings of the DOL Field Study and Assessment of Other Studies of Homeless Veterans

The assessment the Department of Labor initiated this spring of homeless veterans concluded that a majority of homeless veterans need medical, mental health or alcohol/drug abuse attention before job training and job placement efforts can succeed.

Many of these resource needs can be met from existing federal entitlements and services offered by the Department of Health and Human Services and the Veterans Administration.

Extensive State services, especially employment services and veterans programs are available and are integral to the employment of homeless veterans.

Private sector institutions provide most hands-on services for the homeless, such as shelters and self-help programs, and are the initial contact points for the homeless population. Many local veterans organizations also provide help to homeless veterans.

Systemic Weaknesses. A DOL survey of current practices in the delivery of entitlements and services relevant to placing homeless veterans in jobs revealed a need for improvement at several crucial junctures:

- There is no clear-cut responsibility at state or local levels to link Federal and state entitlements and services with private sector homeless services to target homeless veterans for employability and jobs.
- Hands-on service providers for the homeless, working in emergency shelters, soup-kitchens, mental health self-help clubs, day service centers and public inebriate programs, are often unaware of how to access the full range of public programs available to help homeless veterans.
- Public entitlement and service program managers, proficient as they may be in meeting most public needs, are often not geared to address the special characteristics and needs of this hard-to-reach population.
- There is a critical dearth of "outreach" personnel, who are comfortable in shelter surroundings and experienced in the skills needed to persuade homeless veterans to avail themselves of programs designed to make them employable and able to find a job.
- There is a lack of tracking systems to steer homeless veterans through the maze of entitlement and service programs leading to employability and jobs.
- State employment services are not ordinarily geared to pursue employment opportunities for the rehabilitated homeless veteran, often assuming that "others" are taking care of such employment responsibilities.

DOL Response

The DOL has responded to this challenge by launching a Jobs For Homeless Veterans (JHV) Program in ten cities across the country: Atlanta, Baltimore, Boston, Denver, Detroit, Fort Lauderdale, Los Angeles, New Orleans, San Antonio, and Seattle. The specific goals of this project are to:

- Find meaningful employment nationwide for 250 potentially employable homeless veterans who want jobs.
- Identify job training programs for those who need them, referring candidates to the programs.
- Assist selected homeless veterans who need physcial, mental health or substance abuse treatment to enroll in available facilities.
- Enable and encourage homeless veterans to utilize available financial entitlement programs.
- Establish better linkages with private sector, state and federal programs to serve homeless veterans who may want to become job-ready.

The Program

To achieve these goals, the DOL has established a working coordinating committee of representatives of DOL/HHS/VA. The role of the committee is (1) to exchange information about services and entitlements relative to the objectives of the JHV program; (2) to examine ways for agencies to better serve agency personnel who deliver these services in the ten cities; and (3) to achieve a commitment by each agency to designate and direct an agency employee in each city to be responsible for attention to the agency's homeless veteran policies and practices.

The DOL is keeping the national veterans organizations informed of program developments; will recommend ways in which their local chapters and service representatives may contribute to the program; and will supply informative materials to them which can assist them in advising local chapters and service representatives about the program.

Working, coordinating committees composed of DOL/VA/HHS designees are being put in place in each of the ten cities under the leadership of the State Director for Veterans' Employment and Training Service in the state. Those working groups are responsible for establishing each city program. They will assess delivery system weaknesses; focus state, regional and private resources to support JHV; develop informational workshops, establish tracking systems and supervise the establishment of outreach cadre.

Outreach Cadres

The most serious defect in current practices for rehabilitating homeless veterans is the lack of effectiveness in bringing homeless people into the entitlement and service systems. Accordingly, a vital cog in the JHV program is to develop a few "outreach" people or "cadres," in each city program to go into the shelters, visit soup kitchens and jails and contact "grate" and "bridge" people to bring them into this job-directed network.

Perspective

It is encouraging to note that most cities by now have a great many public and private services for the homeless. Our principal task is to identify and encourage the targeting of these activites to meet the goal of placing more homeless veterans in jobs. DOL, VA and HHS are committed to the success of the JHV program. We are also gaining many supporters. The Veterans Leadership Program has pledged to urge Vietnam veteran businessmen to cooperate; also several national veterans organizations have already contacted their field personnel to assist us with this program and ACTION and the Urban League have inquired about ways in which they might be involved.

Mr. Chairman and members of the Subcommittee, we're certainly aware that this is a battered population that needs help and no phenomenal or unrealistic expectation should be harbored. But we firmly believe that we must continue seeking ways to make a difference in the lives of some homeless veterans.

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Testimony of Maria Foscarinis
Washington Director,
National Coalition for the Homeless
before the
House Committee on Veterans' Affairs
Subcommittee on Education, Training and Employment

Washington, D.C.
September 10, 1986

Mr. Chairman, my name is Maria Foscarinis. I direct the Washington office of the National Coalition for the Homeless, a federation of organizations, agencies and individuals from some 40 cities and counties across the United States. Our guiding principles are simple: in a society that calls itself civilized, all persons should have the basic resources needed to survive: decent shelter and adequate food.

Today I come before you to testify on a topic that should be a particularly acute source of shame to our nation: the plight of our country's homeless veterans. I will present data that may provide some measure of assistance to this committee's work. Yet my overriding goal today, Mr. Chairman, is a simple one: to convey to you and your colleagues in the federal government the urgency of the national disaster that is homelessness in America today.

Mr. Chairman, homelessness among veterans is merely an example--and a particularly cruel and ironic example--of a growing national catastrophe that is no longer constrained by demographic or geographic barriers. Today, in the richest nation on earth, an estimated 2-3 million men, women and children are going without the basics: a bed to sleep in and a meal to eat. And as poverty spreads its geographic reach, homelessness is rising in suburban and rural areas.

The homelessness and poverty that we see daily on our ation's streets is a visible and growing reminder that all is not well in America today. It is a reminder that as the President extols the sanctity of the family, children are going hungry. It is a reminder that as the President blindly and irresponsibly assures us that "America is back," millions of Americans are engaged in a primitive struggle for their very survival. And it is a reminder that as the President forms policy in the name of "patriotism" and a strong national defense, thousands of American patriots--veterans who risked their lives for their country--have been abandoned to the streets.

Homelessness among veterans must give us special cause for alarm at the fate of our country's future. Men and women who once served their country now stand condemned to wander the streets, outcasts in their own land. Men and women who returned from combat, often broken in body or in spirit, now face the betrayal of broken promises. Perhaps one of the most highly regulated segments of the population, homeless veterans have found no refuge in the V.A.'s panoply of programs promised to compensate veterans for their sacrifice.

The National Coalition for the Homeless has collected substantial data on homeless veterans across America*. Those facts reveal that:

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* These facts are documented in the attached Table 1.

*In Milwaukee, where 2,000 are homeless, 28 percent of homeless men and women surveyed are veterans.

*In San Francisco, where 10,000 are homeless, 31 percent of the homeless surveyed are veterans, one-third from the Vietnam era.

*In New York City, 32 percent of homeless men surveyed are veterans.

*According to State of Ohio figures, 32 percent of homeless men and women surveyed in that state are veterans, with 28 percent from the Vietnam era.

*In Detroit, where there are 27,000 homeless, 36 percent of homeless men surveyed are veterans, with 15 percent of those having served in Vietnam.

*In Phoenix, where several thousand are homeless, 46 percent of homeless men and women surveyed are veterans, with 33 percent from the Vietnam era.

*In Los Angeles, a city with 50,000 homeless, 47 percent of homeless men surveyed are veterans with 33 percent of these veterans fought in Vietnam.

*In Baltimore, 15,000 are homeless. Of those homeless men and women surveyed, 51 percent are veterans. Thirty-five percent of these veterans fought in Vietnam.

Over 15% of the homeless population around the country consists of veterans, a total of a quarter to a half a million men and women. The reasons for this are not mysterious. The causes of homelessness among veterans parallel the causes of homelessness in general.

The scarcity of low income housing is the most significant cause of today's homelessness. Since 1981, federalhousing programs have been cut over 60%. At the same time, the conversion of inexpensive housing into luxury condominiums and cooperative in the private housing market has further shrunk the supply of low cost housing. As a result, increasing numbers of poor persons have been literally squeezed out of the housing market and joined the ranks of the homeless.

Unemployment contributes to but is not the sole cause of homelessness among veterans. Indeed, a significant number of homeless veterans--and homeless persons in general--in fact are employed. Yet the unskilled jobs they often obtain do not pay sufficient wages to meet the high rents that even squalid living quarters now command. At the end of their work day, these homeless veterans must return to a shelter or to the streets.

For those veterans who are employed, several reasons contribute to that status. First, many unemployed veterans are able and desperately want to work but are simply unable to find jobs. Often lacking skills or training, they are at the bottom of the ladder in competing for jobs. Inevitably, and significantly, homelessness further worsens their position. Unable to secure the basic resources necessary to present an appropriate appearance, homeless veterans are even less able to compete in the job market.

Finally, a significant proportion of veterans have returned from their service broken. In the absence of proper rehabilitation and training, physical and mental disability prevents these veterans from securing employment.

Who are the victims of these conditions? Here are some of their faces:

°Jesse Carpenter, a decorated World War II veteran who succumbed to exposure as he sought refuge on a cold winter night in Lafayette Park, just across the street from the White House.

°A mentally disturbed veteran, unable to adjust to "civilized" society after a stint in Vietnam, was treated in a V.A. hospital until his claim for benefits was denied and he was discharged to a shelter. Since then he has been unable to hold a steady job.

°Garfield Hawkins, a veteran of the Korean War, anxious to find a job. A resident of a shelter, he has no facilities to wash his clothes, inadequate facilities to bathe and lacks even a mirror to shave in the morning. Under these conditions, he finds it impossible to maintain the appearance necessary for job interviews.

°Walter Throckmorton, a 61 year old veteran of two wars, who spends his nights on park benches, in the streets, or in such makeshift dwellings as the floor of a hospital men's room.

These are all actual examples of the misery now suffered by men who once wore the uniform of the U.S. military. I have spoken with many homeless veterans. Inevitably, the message I receive is the same: it is a cry of protest at a betrayal that cannot be comprehended. And it is also an urgent wish to nevertheless go on, to get a job and to somehow, in the words of one homeless veteran, "get back on my feet."

The response of the federal government to this growing crisis has been almost uniformly negative. There is currently only a single federal program designed specifically to aid the homeless. FEMA--a $70 million per year program administered by the agency responsible for the victims of natural disasters--provides only the most basic emergency assistance to the nation's swelling homeless population.

More important, the federal government has butchered the programs designed to aid the poor, pushing hundreds of thousands over the edge and into homelessness. Even worse, while a multitude of federal programs now exist to aid veterans, the neediest veterans--those who are homeless--are not in fact benefiting from them. Many veterans now living in shelters, on the streets or in abandonned buildings are entitled to but not receiving job training and education benefits which, if actually made available, could break the cycle of homelessness. The V.A. statute specifically provides for outreach to ensure that veterans are informed of and received such as assistance in apply for benefits. Yet the V.A.today has absolutely no policy of outreach to homeless veterans.

In addition, the V.A. has a program of State Homes and "Domicilliary Care" which provide food and lodging for poorveterans in need of low level institutional care. These programs could meet the needs--indeed save the lives--of many homeless veterans, but their availability is inadequate. For the country's 28 million veterans, there are less than 24,000 beds in such facilities across the nation. If the federal government is serious about addressing the plight of homeless veterans, it is imperative that these programs be expanded.

Finally, homeless veterans are often prevented from receiving benefits because of permanent address requirements improperly imposed by local V.A. offices. The V.A. should specifically instruct its local offices not to impose such requirements. The Homeless Persons' Survival Act (HR-5140), comprehensive federal legislation designed by the National Coalition for the Homeless, contains a section to address this issue. That section has also been introduced as a separate bill (HR-5137) and I call upon the members of the committee to add their names as sponsors of this small but important measure.*

It is offensive that the V.A. allows a single veteran to remain homeless. The fact that the V.A. has no policy to assist the hundreds of thousands of homeless veterans who must now call the streets, abandoned buildings, viaducts and other hidden refuges their "home" is a disgrace. The V.A. must develop immediately a comprehensive outreach, shelter and assistance program for homeless veterans. The United States knew how to find these young men and women when it wanted to put uniforms on their backs. It should use the same resources to locate and assist the growing number of veterans who now wander aimlessly, often broken in body and spirit, homeless on the streets of our nation.

Table 1.

U.S. Military Veterans Among the Homeless

Community	Sample Size	Year of Study	Veterans		Vietnam Era Vets as % of Homeless Veterans
			% of Total Sample	% of Male Sample	
Baltimore[1]	51	1981-82	51%		35% (in Viet Nam)
Detroit[2]	75	1985	26%	36%	15% (in Viet Nam)
Los Angeles[3]	238	1983-84	37%	47%	33%
Milwaukee[4]	237	1984-85	23%	-	
New York City[5]	169	1981		32%	
Ohio[6]	979	1984	32%		28%
Phoenix[7]	195	1983	46%		36%
St. Louis[8]	248		18%		
San Francisco[9]	246	1982		31%	33%

1. Fischer, et al., 1984, page 9.
2. Solarz and Mowbray, 1985, page 3.
3. Robertson, et al., 1985, page 46.
4. Rosnow, et al., 1985, pages 29-30.
5. Crystal, et al., 1982, page 26.
6. Roth, et al., 1985, page 55.
7. Brown, et al., 1983, page .
8. Morse, et al., 1985, page .
9. Central City Shelter Network, 1982, reported in Goldin, 1982, page 2.

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VIETNAM VETERANS
ENSEMBLE
THEATRE CO., INC.

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STATEMENT

OF

THOMAS A. BIRD
Director Vietnam Veterans Ensemble
Theatre Company

Accompained by William Cooner

Before the

Subcommittee on Education, Training and Employment

Committe on Veterans' Affairs

U.S. House of Representatives

September 10, 1985

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Robert O. Muller
President
Vietnam Veterans of America

Jo B. Wheeler

I am Thomas Bird, the founder and producer of the Vietnam Veterans Ensemble Theater Company of New York City. VETCo, as we are known, was founded in 1979. We have produced 25 plays off Broadway, one of which, TRACERS, was selected as one of the 10 Best Plays for 1985-86. We are now producing documentary films and feature films in addition to our theatrical work. We also tour a Variety Show to Veterans Hospitals and N.Y. City Shelters for the Homeless. We've toured VA Hospitals for seven years and Shelters for four years.

I first became aware of the plight of homeless veterans, especially homeless Vietnam veterans when the columnist Muarry Kempton of Newsday wrote a column on Veteran's Day 1982. He wrote about VETCo's activities, specifically our use of theater and poetry to explore and deal with our experiences of the Vietnam war and its aftermath. He spoke of our hopes of learning lessons both personal and national through our work. He ended the column by pointing out there were an estimated 10,000 homeless veterans in New York City. He said no one knew how many were Vietnam vets.

I was shocked to hear about this. I decided VETCo had to tour our Variety Show to the N.Y. City Shelters. Our first tour was in January 1983. The conditions in most shelters were rundown. The number of homeless veterans we met was on the average 1/2 the audience, with 1/3 of the audience being Vietnam veterans. An average audience was 150 men per show. We did six shows that year, all in Manhattan. At the end of the year Mayor Koch gave us a Volunteer Award for "bringing entertainment into dreary and frightening shelters for the homeless. That was how the Mayor's office described the City Shelter System at the time.

Also on the 1983 tour, I met Mr. William Cooner who is with me today. Mr. Cooner is a Vietnam veteran, a poet, and was at that time, homeless. He was living in the Ward's Island Men's Shelter. It was through my relationship with Mr. Cooner that I became aware of the complex problems facing the homeless veteran.

To return to our touring program; we have toured the N.Y. City Shelter System since 1983. We have visited nine different men's shelters, two women's shelters and performed a total of 48 shows. Conditions in the shelters have improved but the number of homeless has increased dramatically. Again, I am only a witness to what I see. I am not an expert or a statistician. One thing remains constant in my observations. On the average, 1/3 of all audiences in the men's shelter system in New York City identify themselves as Vietnam veterans. They are in the majority black, a few hispanics, and a couple of whites.

Through Mr. Cooner, and in discussions with veterans in the shelters, I am aware that most have had jobs, have lost them, lived on unemployment for sometime, have lost their apartments, lived with friends, and then on the streets. The downward spiral is incredibly demeaning and robs the individual of his self confidence and self-esteem. He becomes very disenfranchised. Compounding this is the fact that for the Vietnam veteran who comes from the lower class in New York his faith in America, which has been shocked severely once is now shocked again. All about him he sees the growing affluence of the City and America. He hears that we're #1 again and standing tall. He hears words of praise, finally, for the Vietnam veteran. He hears of parades and where is he? He's stuck in the quagmire of the Homeless Shelter System. He needs a job but first he needs some personal attention and counseling. My experience with Mr. Cooner and a couple of other homeless Vietnam veterans is that a Big Brother type approach works. These men need a helping hand re-entering society. They need to get over the Shelter syndrome. They need to be helped to feel worthy and welcome. Yes, he needs employment and he also needs self confidence and self-esteem. I don't think a job alone works. The problems are complex and they need to be personally attended.

I think a program where employers are encouraged to hire homeless Vietnam veterans and also act as a Big Brother could work. You could call the program the "Uncle Sam" program or the "Homeward Bound" program. In fact, after the Civil War the Confederate soldiers who were returning to homes that no longer existed were tagged Ho Bo's which was short for Homeward Bound. There are, like Mr. Cooner, many good men amongst the homeless population. They need a job, yes, but more so they need to feel welcome, wanted, and worthy again. That I feel is the first step. The job will work if that step occurs.

The big metaphor in Vietnam was "waste." You wasted time, you wasted the enemy, you burned human waste, your buddies got wasted. Well I, as I am sure all of you on the Committee on Veterans Affairs, want no more waste. Let us hope that the waste of the talent, man power, human potential of the homeless Vietnam veteran is brought to an end through a program of counseling and employment.

Department of Veterans Benefits
Veterans Administration
Washington, D. C. 20420

DVB Circular [illegible]

SERVICES TO HOMELESS VETERANS

1. PURPOSE. This circular provides guidelines for implementation of an Outreach and Public Information Program designed to ensure that homeless veterans are made aware of and have access to benefits and services provided by the Veterans Administration.

2. BACKGROUND

a. The plight of the homeless continues to be a priority area of concern at the national, state, and local levels. Numerous surveys have developed vastly different statistics but most suggest that large numbers of the homeless may, in fact, be veterans.

b. Contributing causes of homelessness among veterans are drug/alcohol abuse and mental illness complicated by deinstitutionalization. Many of these individuals may have been homeless for a year or more. Among other causes of homelessness are dissolution of marriage and domestic violence, loss of employment, release from jail or hospital with no place to go, and loss of residence, complicated by the continuing decline in low income housing.

c. It is essential that appropriate VA and community resources and services be accessed, utilized and organized to meet the special needs of this segment of the veteran population. A growing number of VA regional offices and medical centers have already established collaborative efforts with the community in response to the need to meet the basic health and human concerns of homeless veterans.

3. PROGRAM RESPONSIBILITY. Primary responsibility for establishing a comprehensive and effective outreach and public information program at the regional office level has been delegated to the VSO (Veterans Services Officer).

4. IMPLEMENTATION. In order to facilitate efforts to implement the program directives and assure at least a minimum level of outreach and public information, several basic elements will be required to be implemented by all field stations:

a. Coordination with DM&S (Department of Medicine and Surgery) SWS (Social Work Service) and Readjustment Counseling (Vet Center) Staff. DM&S Circular 10-85-68 dated 4/22/85 directed all VA health care facilities to establish effective programs to assist homeless veterans. SWS has been identified as the lead service for this initiative. In addition, large numbers of Vet Centers are reported to be heavily involved with the problems of homeless veterans and, as a result, Readjustment Counseling Service has established a Task Force on Homeless Vietnam Era Veterans. As soon as possible, the VSO should contact the Chief, SWS, at each VA medical center in his or her area of jurisdiction, as well as each Vet Center Team Leader. This contact will be made to ascertain the degree of involvement these VA elements have with homeless veterans and community service providers. Any plan of action designed by the regional office to ensure that information or assistance is provided to homeless veterans or community service providers should be coordinated with SWS and the Vet Centers to avoid fragmentation of service delivery or duplication of effort.

b. Outreach to Community Service Providers. Each regional office will identify shelters for the homeless operating in its jurisdiction. In addition to identifying the location and group or organization responsible for operating the shelter, regional office personnel will identify a personal point of contact at each shelter. Shelter listings will be reviewed and updated. Contact will be made with homeless shelters and other community service providers in your area to assure awareness of VA benefits and services, knowledge of VA locations, toll-free telephone service, etc.

c. Information and Referral. VSO's should seek to improve their own in-house capability for delivering assistance to the homeless by identifying and sharing information necessary to link the homeless with convenient access to service providers. For example, VBC's (Veterans Benefits Counselors) assigned to the Personal and Telephone Interview activities should be provided with the names, addresses, and telephone numbers of shelters and other service providers so that homeless clients who visit or call the regional office seeking assistance can be referred to a specific individual or organization.

d. Training. Training for VSD (Veterans Services Division) personnel should include awareness and sensitivity training regarding the problems of the homeless. VSD's should continue to heighten employees' awareness of the special needs of the homeless through on-going training to include service provider presentations, group discussion, and orientation of written material.

5. Involvement of Veterans Service Organizations. Efforts should be made at the local level to enlist the help and support of veterans organizations (American Legion, Veterans of Foreign Wars, etc.) in providing outreach services to homeless veterans. A number of the service organizations (e.g., the Disabled American Veterans) at the national level have expressed an interest in helping the Federal Task Force on the Homeless. Organizations at the local level (through our Vietnam Veteran Civic Councils and Service Officers meetings) should be approached for whatever assistance they may be able to provide in this endeavor.

6. Work-Study. Where possible, extensive use should be made of VA work-study personnel to supplement VA personnel in our outreach to homeless veterans. However, before placing work-study students in community shelters, the specific requirements related to work-study assignments and supervision contained in M27-1, part I, paragraphs 9.10 and 9.11 should be reviewed with the appropriate shelter staff.

7. One-Time Only Report. A one-time only report will be submitted with the October monthly narrative (RCS 20-0364) during the first 10 workdays of November 1986. The report should describe all efforts expended on the homeless initiative from receipt of this circular through October 31, 1986, including, but not limited to, the following information:

(a) The number of shelters for the homeless contacted. Specify the nature of services provided (e.g., shelter, congregate meals, community mental health, drug/alcohol treatment, etc.).

(b) The number of related community support or social service agencies contacted. (Again, specify the nature of services provided.)

(c) Outline any special arrangements made with shelter staff or other community service providers (e.g., training, itinerant service by VBC's, informational seminars, etc.)

(d) Submit any related informational materials, brochures, etc. prepared by your office for use by RO staff, service providers, homeless veterans, etc., for this and previous initiatives.

R. J. VOGEL
Chief Benefits Director

Distribution: CO: RPC 2906
SS (292) FLD: DVBPS, 1 each (Reproduce and distribute as needed)

Veterans Administration
Department of Medicine and Surgery
Washington, D. C. 20420

[illegible]

August [illegible]

TO : Regional Directors; Directors, VA Medical Center Activities, Domiciliary, Outpatient Clinics, and Regional Offices with Outpatient Clinics (122)

SUBJ: Social Work Service Responsibility in Discharge Planning

1. PURPOSE:

This is a reissue of Circular 10-83-113, with minor changes, which defines the responsibility of Social Work Service in the development and coordination of formalized discharge planning for patients whose diagnoses, disabilities or psychosocial circumstances require coordinated discharge planning and further identifies "at-risk" patient categories.

2. POLICY

a. Effective discharge planning begins at time of admission to care, and includes multidisciplinary evaluation and planning for ultimate effectiveness. Discharge planning is an integral element of quality health care. It assures continuity of care in the return of the veteran to the community at the optimal level of physical, psychological and social functioning.

b. Comprehensive discharge planning is required to ensure the patient's discharge as soon as hospitalization is no longer necessary (M-1, Part I, Chapter 26, para. 26.07f). Discharge of the patient from inpatient care depends primarily on the following:

(1) the patient's medical condition no longer requires inpatient care; and,

(2) all indicated outpatient medical, nursing, or home care needs have been arranged in advance of the patient's departure from the medical center (M-1, Part I, Chapter 13, para. 13.02).

3. SOCIAL WORK RESPONSIBILITIES

a. Social Work Service will have a written policy defining Social Work Service's role in discharge planning in compliance with JCAH requirements.

b. The Chief, Social Work Service or designee should be actively involved in the development of the facility policy and procedures for discharge planning in accordance with JCAH standards and VA policy.

c. In consultation with other professional services and within the framework of the medical center discharge policy and procedures, Soci Work Service will develop a system for the identification and screen

(3) Patient/family involvement -

Social Work Service will assure patient and/or significant others' involvement in the development and selection of an appropriate plan which will include areas of psychosocial functioning related to the veteran's ability to cope with illness, required changes in life-style, family/significant others' ability to cope with changes in the veteran, and need for plans to utilize community support systems.

(4) Referrals to community agencies and resources -

Social Work Service is responsible for the identification of community resources and assisting veterans in gaining access to them. Referrals will be made in a timely manner to facilitate continuity of care and will include a request for a follow-up report from the receiving resource within a designated time period.

(5) Referrals to VA Community Care Programs -

Patients placed in VA community care programs will be provided posthospital treatment as specified by VA policy. Referrals will include treatment goals and anticipated outcomes. When a patient is placed in the service area of another VAMC, the placement and referrals will be coordinated with the other VAMC (Administration Letter IL 13-82-1).

f. Following placement of the "at-risk" patient, Social Work Service case management continues through monitoring the veteran's progress and arranging and coordinating the delivery of ongoing VA/Community services consistent with care requirements and changing needs. In this capacity, the social worker functions as the focal point of contact between the VA health care system, the veteran, his/her family and the network of needed community services and resources. Social Work Service will assure development of a system for monitoring progress of the "at-risk" patient throughout the process of discharge planning, placement, continued care and follow-up services.

g. The Chief, Social Work Service will assure that Social Work Service's effectiveness in discharge planning is evaluated through concurrent or retrospective reviews as a part of the medical center quality assurance program.

Attachment

Arthur J. Lewis MD
ARTHUR J. LEWIS, M.D.
Acting Deputy Chief Medical Director

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ATTACHMENT A

[illegible]

AT-RISK CATEGORIES TO BE SCREENED

1. Seriously ill, i.e., on SI, ICU, and CCU lists; experiencing life-threatening circumstances; victims of neglect, abuse or chronically noncompliant with treatment, etc.

2. Severely disabled.

3. Chronically ill.

4. Unable to care for self medically, physically, socially, emotionally.

5. Multiple admissions within the past 6 months for same diagnosis.

6. Admissions from another facility/institute.

7. Incompetent.

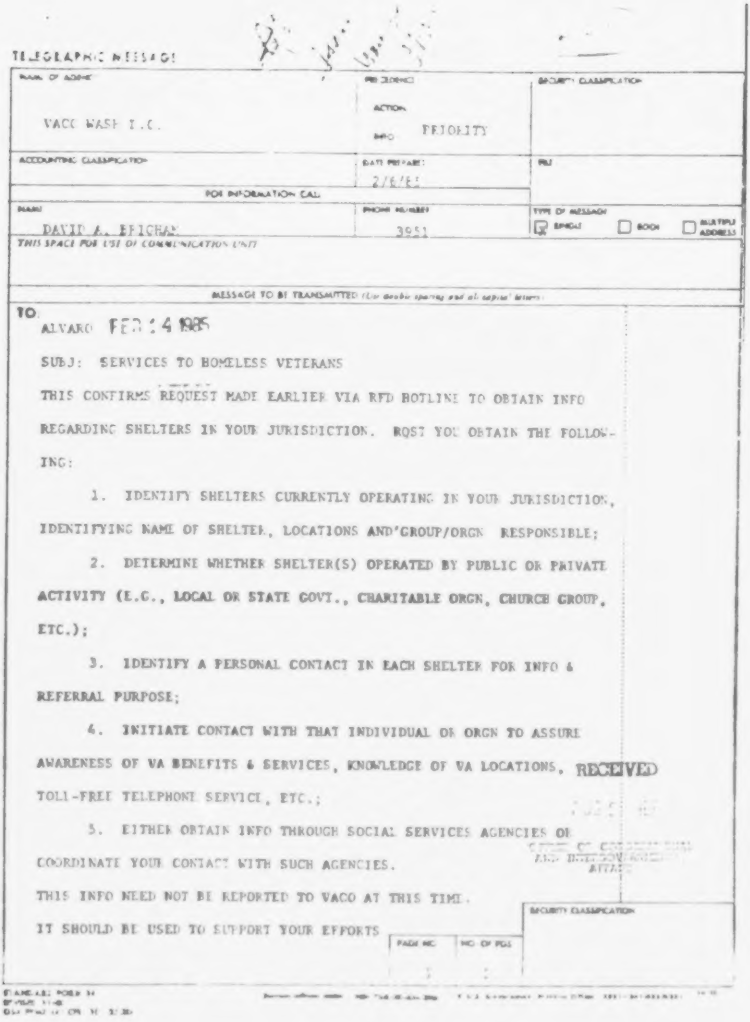
8. No place to live.

9. No income or source of income.

10. Age 70, disabled and living alone.

11. Age 80 or over.

12. Former Prisoners of War.



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NAME DAVID A. BRIGHAM	PHONE NUMBER 3951	TYPE OF MESSAGE ☒ SINGLE ☐ BOOK ☐ MULTIPLE ADDRESS

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

ALVARO FEB 14 1985

SUBJ: SERVICES TO HOMELESS VETERANS

THIS CONFIRMS REQUEST MADE EARLIER VIA RFD HOTLINE TO OBTAIN INFO REGARDING SHELTERS IN YOUR JURISDICTION. RQST YOU OBTAIN THE FOLLOWING:

1. IDENTIFY SHELTERS CURRENTLY OPERATING IN YOUR JURISDICTION, IDENTIFYING NAME OF SHELTER, LOCATIONS AND GROUP/ORGN RESPONSIBLE;

2. DETERMINE WHETHER SHELTER(S) OPERATED BY PUBLIC OR PRIVATE ACTIVITY (E.G., LOCAL OR STATE GOVT., CHARITABLE ORGN, CHURCH GROUP, ETC.);

3. IDENTIFY A PERSONAL CONTACT IN EACH SHELTER FOR INFO & REFERRAL PURPOSE;

4. INITIATE CONTACT WITH THAT INDIVIDUAL OR ORGN TO ASSURE AWARENESS OF VA BENEFITS & SERVICES, KNOWLEDGE OF VA LOCATIONS, TOLL-FREE TELEPHONE SERVICE, ETC.;

5. EITHER OBTAIN INFO THROUGH SOCIAL SERVICES AGENCIES OR COORDINATE YOUR CONTACT WITH SUCH AGENCIES.

THIS INFO NEED NOT BE REPORTED TO VACO AT THIS TIME.

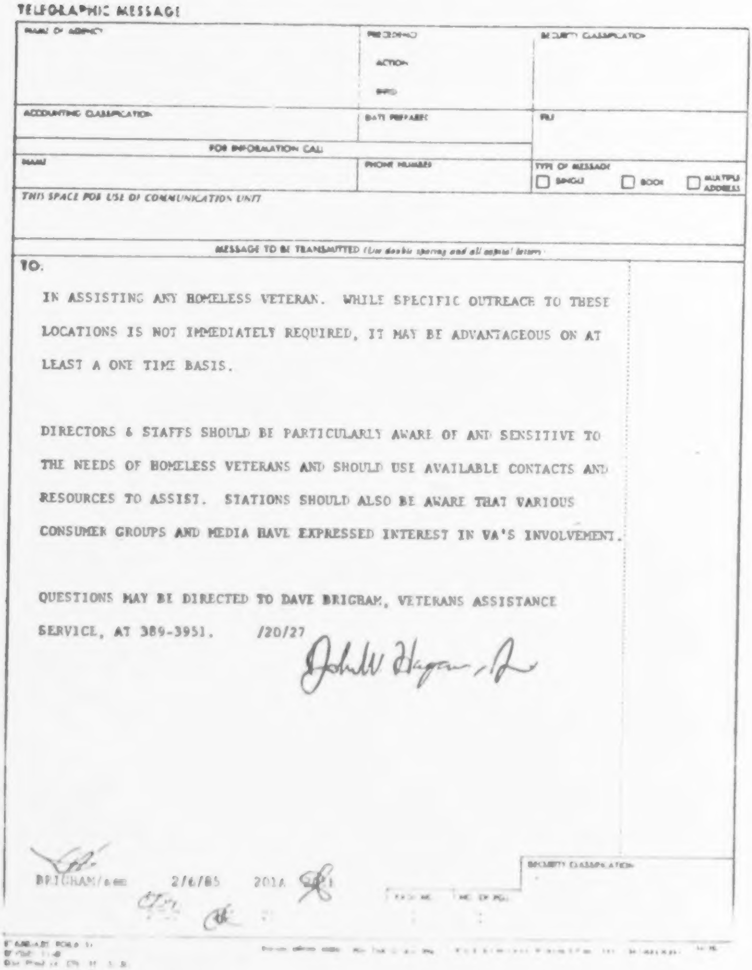
IT SHOULD BE USED TO SUPPORT YOUR EFFORTS

RECEIVED

OFFICE OF CONGRESSIONAL AND INTERGOVERNMENTAL AFFAIRS

PAGE NO.	NO. OF PGS.	SECURITY CLASSIFICATION
1	1	

STANDARD FORM 14
REVISED 11-68



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MESSAGE TO BE TRANSMITTED *(Use double spacing and all capital letters)*

TO.

IN ASSISTING ANY HOMELESS VETERAN. WHILE SPECIFIC OUTREACH TO THESE LOCATIONS IS NOT IMMEDIATELY REQUIRED, IT MAY BE ADVANTAGEOUS ON AT LEAST A ONE TIME BASIS.

DIRECTORS & STAFFS SHOULD BE PARTICULARLY AWARE OF AND SENSITIVE TO THE NEEDS OF HOMELESS VETERANS AND SHOULD USE AVAILABLE CONTACTS AND RESOURCES TO ASSIST. STATIONS SHOULD ALSO BE AWARE THAT VARIOUS CONSUMER GROUPS AND MEDIA HAVE EXPRESSED INTEREST IN VA'S INVOLVEMENT.

QUESTIONS MAY BE DIRECTED TO DAVE BRIGHAM, VETERANS ASSISTANCE SERVICE, AT 389-3951. /20/27

John W Hagan, Jr

BRIGHAM/amm 2/6/85 201A

PAGE NO.	NO. OF PGS.	SECURITY CLASSIFICATION

Veterans
Administration

LTR. 20-86-8 In Reply Refer To

June 6, 1986

Director (00/27)
All DVB Regional Offices and Centers

SUBJ: Homeless Veterans

1. The plight of the homeless veteran has become an increasing concern to the Veterans Administration. Media attention and community based activity have heightened our awareness of the growing problem of homelessness. Surveys, studies and educated guesses frequently suggest that a significant number of the homeless may in fact be veterans. Your efforts to date in this needed area of special service are commendable. I support them and encourage even further involvement as new opportunities present themselves. Through this letter I wish to share with you my interest and outline a few of the creative programs that are beginning to take shape.

2. At the national level the Veterans Administration actively participates in the Federal Task Force on the Homeless, chaired by the Department of Health and Human Services. Task Force members recently have been asked to provide a total of $2 million ($100,000 from the VA) to evaluate a $32 million program proposed by the Robert Wood Johnson Foundation. Over the next five years the Foundation plans to assist up to eight of the nation's largest cities in developing model programs that will coordinate and provide mental health, housing, vocational rehabilitation and other services. Applications from interested cities are now being evaluated.

3. On another front the Department of Labor has funded a model project to involve 10 urban centers throughout the country. The program design calls for a coordinated, multi-faceted outreach and referral effort for these targeted veterans who are homeless. Veterans organizations have been asked to help. This project is still in the planning stages. VA, as one of the advisory group members, intends to monitor the progress of the program.

4. Within the Agency, the Department of Medicine and Surgery is currently exploring its various options and opportunities. The Readjustment Counseling Service, believing that many homeless persons in the country are Vietnam era veterans, has created its own task force to determine what, if any, changes need to be made in the Vet Center Program to better address the issue. The Social Work Service is also involved with the Vet Center Task Force and is assessing its own efforts toward the homeless.

2.

LTR. 20-86- 8 June 6, 1986

5. On February 14, 1985, my office sent each of you a telegraphic message, subject: Services to Homeless Veterans. The communique asked that you identify shelters currently operating in your jurisdiction and initiate contact with an individual there to assure awareness of VA benefits and services. Many of you have reported excellent working relationships with a variety of organizations. Directories have been published and updated, seminars have been conducted and visits have been made.

6. I realize that with your own resources shrinking you cannot do all you would like for the many who need our assistance. I only ask that, as you develop your station's program priorities, you be sensitive to the issue of homelessness and that you consider the special care needed by those veterans who, because of mental problems, drug abuse or false pride, avoid the regional office. We cannot solve all of society's problems ourselves, but working together with a growing network of other governmental and private organizations, we can begin to make a difference.

7. I have asked the Veterans Assistance Service to be the Department focal point in this area. They are now in the process of preparing further guidance. You should not, however, wait for that guidance but should proceed, becoming as involved with the plight of homeless veterans as your resources and other priorities will allow.

R. J. VOGEL
Chief Benefits Director

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STATEMENT OF

GORDON R. THORSON, SPECIAL ASSISTANT
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON EDUCATION, TRAINING AND EMPLOYMENT
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

HOMELESS, UNEMPLOYED VETERANS

WASHINGTON, D. C. September 10, 1986

Mr. Chairman and Members of the Subcommittee:

It is my privilege to testify before this important subcommittee representating the 2.7 million men and women of the Veterans of Foreign Wars of the United States and its Ladies Auxiliary. As a special assistant on the VFW Legislative staff, I have the responsibility to advance the view point of our organization as it applies to the homeless veteran.

Mr. Chairman, your invitation to this subcommittee hearing stated that "Homeless veterans who have been unemployed and/or out of the labor force for an extended time are a source of great concern and frustration to those of us committed to providing employment opportunities for veterans" and this hearing is an attempt to answer the who's, where's, why's and what's of the homeless veteran issue. By scheduling this hearing, Mr. Chairman, you have demonstrated your subcommittee's concern for the homeless veteran.

The Veterans of Foreign Wars recently held its 87th National Convention in Minneapolis, Minnesota. The membership of our great organization voted to adopt Resolution Number 670, "Homeless Veterans." This resolution clearly outlines the VFW's position. (A copy of VFW Resolution No. 670 is attached.) The Veterans of Foreign Wars is an association composed entirely of veterans, as such, we are concerned about the growing number of homeless people--especially the plight of the purported large numbers of homeless veterans. This nation can no longer turn its back on this most unfortunate segment of our population. We believe that appropriate government agencies should move to immediate action by taking the necessary steps to quickly investigate and evaluate the homeless veteran question and then provide appropriate services.

During the process of preparing for this hearing, our staff discovered that the plight of the homeless veteran has not been adequately addressed. We could not find any definitive studies relating to this issue. Estimates of the homeless population in our nation vary and appear inaccurate as they show anywhere from 500,000 to three million people are homeless on any given day. Guesstimates indicate that one quarter to one-third of these homeless are veterans. Even further guesstimates imply that 6% are World War II veterans, 10-15% are Korean-war veterans and most of the remaining 80% are Vietnam veterans. Our staff reviewed various statistics, assessments, samplings, and so-called studies from numerous private and governmental sources. Certain points became abundantly clear--

1. Very little accurate information is available to determine how many homeless veterans are out there and therefore an accurate breakdown of WWII, Korean, and Vietnam veterans impacted is not available.

2. The actual location of these unfortunates has never been clearly identified.

3. No specific study has targeted the homeless veteran to determine why many are unemployed and thus without resources.

4. No substantial effort has been made to directly assist these homeless veterans overcome the barriers to employment that naturally occur. In short, there is much to be done before any future effort to help this group of people can be put into effect.

The homeless veteran has sunk to the very bottom of society. These people must endure a harsh existence and many suffer from chronic mental illness and substance abuse. They generally display a very antisocial personality that violates the acceptable norms of society, this results in society using punitive action to address this antisocial behavior. Before these individuals can be returned to a meaningful role in society, much long-term readjustment and rehabilitation must take place. The homeless are not job ready and will not be quickly assimilated back into a working society.

The Veterans of Foreign Wars believes that the Administrator of Veterans Affairs should assume the leadership role in the development, coordination and implementation of programs provided to assist homeless veterans. The Veterans Administration is the principal advocate for America's veterans. The stated mission of the VA is to serve America's veterans and their families with dignity and compassion thus ensuring that they receive the care, support and recognition earned in doing service to this nation. The VA has established a series of broad goals to serve as standards in carrying out their mission. These goals include providing an appropriate level of benefits to eligible veterans and beneficiaries, exercising leadership within the federal government to represent the concerns and needs of veterans and their families to ensure excellence in the quality of service provided to all of America's veterans.

Based upon our limited contact with the homeless through our Department Service Officers, we find that the homeless, generally, are well aware of the benefits and agencies available to assist them. They know where to obtain shelter and subsistence. They tend to shun shelters in fear of their contemporaries. They refuse to deal with the bureaucracy, and look only to their individual immediate needs. We are concerned that the homeless issue, again, indicates that the veteran, regardless of era, who endured extensive combat, may have a propensity toward readjustment difficulties, unemployment and substance abuse. Homelessness is just one additional step toward total rejection by society.

Though Veterans Benefits Counselors have been significantly reduced in the recent past, these individuals are key components in reaching out to the homeless. They can identify those veterans who qualify for assistance by the Veterans Administration. They can provide counseling to those with less than honorable discharges on the correct procedures to attempt to upgrade discharges and conduct referral to other agencies such as the Social Security Administration or HHS Public Health Service Programs. Eligible veterans can be referred as appropriate to Readjustment Counseling, alcohol and drug dependence treatment programs and other medical service programs. It should be noted that the Veterans Administration Alcohol and Drug Dependence Treatment program has a very high success rate with its rehabilitation efforts. The Veterans Administration could enroll eligible veterans into Vocational Rehabilitation training and, as appropriate, assist them in applying for compensation or pension. Vet centers can provide a critical outreach and counseling service to these homeless veterans and should continue to function and be tasked accordingly.

It is now time for the appropriate agency, the Veterans Administration, to take the lead in resolving the homeless veteran issue. Now is not the time to allow the erosion of VA services. Full utilization of available services with an eye towards redistribution of government funding and talent, as needed, is of paramount importance to meet the ever increasing needs of our veteran population.

The Employment and Training Administration of the Department of Labor should coordinate their efforts with the VA to ensure that the homeless veteran, at the appropriate time in his evaluation, is then channeled into suitable employment programs and given preferential services.

The Veterans of Foreign Wars will continue to monitor the efforts of all government agencies charged with the responsibility of serving this nation's veterans. We stand ready to cooperate with any concentrated effort to identify and assist the homeless veteran. Thank you.

Statement of

The American Legion

1608 K STREET, N. W.
WASHINGTON, D. C. 20006

by

PAUL S. EGAN, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION

and

DENNIS K. RHOADES, DIRECTOR
NATIONAL ECONOMICS COMMISSION
THE AMERICAN LEGION

before the

SUBCOMMITTEE ON EDUCATION, TRAINING AND EMPLOYMENT
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

on

HOMELESS VETERANS

SEPTEMBER 10, 1986

STATEMENT OF
DENNIS K. RHOADES
DIRECTOR FOR ECONOMICS
THE AMERICAN LEGION
before the
SUBCOMMITTEE ON EDUCATION, TRAINING AND EMPLOYMENT
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

September 10, 1986

Mr. Chairman, The American Legion appreciates the opportunity to appear before the subcommittee today to present our views on the problem of homelessness among our Nation's veterans. The issue of growing indigence in America has been the subject of periodic national attention over the last several years, but in our view has never attained sufficient clarity of focus that the process of seeking remedies requires. We hope that this hearing will begin to establish that focus.

Mr. Chairman, The American Legion is hardly a stranger in the effort to assist veterans who for whatever reason find themselves without resources to provide for themselves. The deep recession which followed the close of World War I and our organization's founding presented an early challenge to Legionnaires to provide food, clothing and job assistance for their less fortunate buddies. The Great Depression, which followed less than a decade later, found the Legion in the forefront of providing help to other veterans. This tradition continues through today, as many of our posts provide emergency food, shelter and financial resources for veterans who find themselves with no place to turn. In that regard, Mr. Chairman, I am very pleased to report to you today that The American Legion's 68th Annual Convention which met just last week in Cincinnati, Ohio, passed a resolution recognizing the plight of homeless veterans, and calling for a cooperative program among Federal agencies to assist them. The resolution also pledges the organization to aid with any of these efforts. I request that a copy of this resolution be included in the hearing record.

Although there is no national data available on homeless veterans, or indeed, on the issue of homelessness itself, a variety of studies have been conducted in various communities which suggest that on any given night, about half a million people have no place to sleep outside of shelters, and that in any given year, approximately two million people find themselves homeless at one time or another. Of these, data suggest that about a third are veterans and, equally significantly, have an average age of under forty. This must present a strange quandary for those critics of the veterans services system in the United States who claim that veterans already have too many services, that there is little need for present service levels, that veterans are now completely readjusted, and that existing programs--particularly psychological readjustment and job placement and training programs--now ought to be phased out.

Job programs for veterans have been particularly vulnerable to elimination in recent years, based primarily on the periodically improving employment picture for Vietnam-era veterans, as reflected in the monthly figures published by the Department of Labor's Bureau of Labor Statistics (BLS). As you are undoubtedly aware, BLS data has for the past year indicated that unemployment among such veterans is well below the national unemployment rate, and is, in fact, better than it has been at nearly any time since 1979. Yet, a careful examination of a variety of indicators (including other BLS data) will demonstrate that there was, and continues to be a hidden group of unemployed veterans which the published BLS data does not count. To be unemployed for the purposes of the BLS monthly report, a person must be unemployed and looking for work during the survey week. Thus the survey ignores the underemployed, those who work parttime because fulltime work is not available, and, most importantly, the unemployed who have ceased looking for work -- the discouraged workers. All of these persons are found in significant numbers among the homeless. If 250,000 to 500,000 persons are homeless on a given night, and one third of these are veterans, then there are at least 80,000 to 160,000 veterans with severe employment problems who are not ranked among the unemployed.

But homelessness is not merely an employment issue. It also involves alcoholism and other substance abuse, mental illness, housing, and other basic human services issues. Despite disclaimers to the contrary, the safety net is simply not there for far too many people in the United States, including veterans. To be able to address the complex of needs of homeless individuals is not, however, merely a matter of increased resources among various programs. Rather, such an effort will require a coherent coordination of the services funded through, or administered by, Federal, State and local government.

During the past several months, The American Legion and other veterans service organizations have had the opportunity to discuss the homeless problem with Mr Raymond Cloutier who has been conducting a study of homelessness and its possible remedies for the Assistant Secretary of Labor for Veterans Employment and Training (ASVET). We applaud Don Shasteen's interest and effort on this issue, and have found our discussions with Mr. Cloutier most productive. During the past several weeks, we have also had the opportunity to assess a prospectus developed by Mr. Cloutier for the Jobs For Homeless Veterans (JHV) program which we understand the Labor Department is about to launch. We believe the program's design, with its strong emphasis on collaboration of services at the community level, to be essentially sound. Mr. Robert Lyngh, the Legion's director of Veterans Affairs and Rehabilitation and I have discussed with Mr. Cloutier the role of the veterans service organizations in the program, and our organization, in keeping with our historical tradition of providing assistance to our fellow veterans who have fallen on hard times, intends to play an active, cooperative role in the program at the community level.

Although we are optimistic about the success of the JHV program, and wish it well, there are several cautionary observations which we believe it necessary to interject.

The first of these observations is that although outreach to the homeless is a critical feature of this program, it will do little good if the resources are not there to support the homeless veteran once he or she is brought into the system. Continuing efforts to eliminate such programs as the Veterans Job Training Act, and the

Vet Centers, ill advised in general, will have a devastating impact on the JHV's capacity for success. We note also that the State Employment Security Agency System is going to play a principal role at the local level. If the Employment Service budget continues to suffer the degree of reductions to which it has been subject over the past five years, scarcer resources are going to make local office managers reluctant to commit the kind of energy to the project which JHV's design requires.

Second, it is part of the normal Washington business day for several Federal agencies to hold a ceremony proclaiming a new spirit or program of cooperation and collaboration. Too often, however, this cooperative spirit never escapes the confines of the Beltway. If JHV is going to succeed, agencies such as the Veterans Administration the Department of Health and Human Services and the Department of Labor are going to have to place heavy emphasis and accountability on their respective field networks.

Mr. Chairman, we alluded earlier to the psychiatric problems which afflict many of our homeless veterans, and in that regard I would like to take just a moment to discuss the involvement of the VA in treating the mentally ill. The VA must be part of the solution, as I indicated before. Unfortunately, it may also currently be part of the problem. The VA's insistent imposition of the Diagnostic Related Group (DRG) system of cost containment on the practice of psychiatric care in VA health facilities, in our view, is having the witting or unwitting effect of adding large infusions of veterans to the ranks of the homeless around the nation. Under the DRG system, individual facilities are penalized each year, through the loss of allocated resources, personnel or both, if patients are hospitalized in excess of the number of days prescribed by the DRG model for individual catagories of mental illness. This constitutes a potent incentive to discharge patients prematurely to avoid fiscal penalties.

That notwithstanding, the DRG model used by the VA holds that patients be treated in an acute care manner. What this means is that emphasis is misdirected toward short hospital stays. This practice, however, ignores the fact that many, if not most, VA psychiatric inpatients are chronically ill. When chronically ill patients are discharged prematurely, they most certainly have a potentiality for eventually becoming homeless, unless community resources are adequate to identify, locate and care for formwr VA psychiatric patients.

Against this background, the VA has no present mechanism to followup on the progress or deterioration of the patients it discharges. Typically, discharged patients are referred to halfway houses, or other community facilities, but the VA has no practical means available to measure statistically what happens to these veterans unless the person is subsequently readmitted to a VA facility. I might add parenthetically, that this is why the Legion stongly supports provisions in pending Senate veterans health care legislation, S. 2422, dealing with chronically mentally ill veterans.

The problems of applying DRGs to psychiatric care in the private sector have been more appropriately addressed by the Department of Health and Human Services, than by the VA. Because the experience of Medicaid and Medicare patients in the private sector led to the same conclusions as those outlined here, DRGs have long since been determined to be inappropriate for application in the field of psychiatry. As such, psychiatric treatment under both Medicare and Medicaid has been exempted from the application of DRGs.

Presumably in response to criticism of the VA's handling of homeless veterans by activists for homeless individuals, the VA did issue a directive on April 27, 1985, outlining services to be provided to this group. In that directive, the directors of all VA medical care facilities were "urged to establish effective programs to assist homeless veterans requiring temporary shelter." The American Legion believes that the VA must do more than simply "urge" its field components. In that regard, we would be very interested to learn what the result of this initiative has been, whether it is working, whether any statistical measurements of the problem have resulted, what improvements the VA might suggest, and whether or not any crossmatching of homeless individuals presenting themselves at VA facilities, with discharged VA psychiatric patients has been undertaken.

It is ironic that the VA's practice of treating chronic patients as if they were acute closely mirrors the mistakes made beginning in the 1960s and continuing to the present day, as the nation has undertaken to deinstitutionalize psychiatric patients from state facilities. The reasoning, in that regard, has been that adequate community resources existed to accommodate the need, and that the dawn of psychoactive drugs could miraculously allow chronically ill patients to function outside the institutional environment. Indeed, the February, 1984 edition of Psychology Today indicated that as many as one third to one half of all homeless persons were mentally ill, and that their homeless state could be traced primarily to deinstitutionalization.

As we mentioned earlier, we are concerned about the ultimate disposition of the VA's Psychological Readjustment (Vet Center) program. With the available evidence suggesting that Vietnam combat veterans are sustaining widespread and serious psychological readjustment problems, including Post Traumatic Stress Disorder (PTSD), and with other studies indicating a more serious problem with longterm joblessness among this group, we suspect that the number of veterans contacting the Vet Centers is quite high. If that is the case, many Vet Centers, particularly in large urban areas, are serving an unmet need. Under the circumstances, the lack of private sector community mental health centers similar to the Vet Centers may make it unwise to discontinue many of the Vet Centers with the heaviest contact by homeless veterans.

Moreover, we are aware of a VA Task Force on Homeless Veterans, but we are unaware of any of its findings. A report of the Task Force has evidently been assembled, but has yet to be released for review. In addition, a "White Paper" has been prepared by the VA's Readjustment Counseling Service on Vet Center Services to Homeless Veterans, but that too has not yet been released. It is hoped that these materials will be released soon, particularly in light of the imminent implementation of JHV.

Mr. Chairman, The American Legion is grateful for the opportunity appear before this subcommittee today and would be pleased to answer any questions you may have.

THE AMERICAN LEGION
SIXTY-EIGHTH ANNUAL NATIONAL CONVENTION
CINCINNATI, OHIO
AUGUST 29 - SEPTEMBER 4, 1986

RESOLUTION NO.: 93
COMMISSION : Economics
SUBJECT : AIDING HOMELESS VETERANS

WHEREAS, The problem of the homeless in the United States, especially in the urban areas, is attracting greater attention, and the recognition that these homeless people constitute a great loss to society; and

WHEREAS, Studies have shown approximately 30 percent of the homeless are veterans, averaging under 40 years of age; and

WHEREAS, Unemployment and their veteran status has contributed to the homeless condition of many of these veterans; and

WHEREAS, The Assistant Secretary for Veterans Employment and Training in the Department of Labor is responsible for delivery of employment services to veterans in that Department; now therefore be it

RESOLVED, By The American Legion in National Convention assembled in Cincinnati, Ohio, September 2,3,4, 1986, that The American Legion participate in programs to assist homeless veterans and to cooperate with, and promote, efforts by the Department of Labor, the Veterans Administration, the Department of Health and Human Services, the Department of Defense, and any other agency with the necessary resources, to aid in the rehabilitation and employment of these veterans.

Vietnam Veterans of America, Inc.
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STATEMENT

OF

RICHARD F. WEIDMAN
Director of Government Relations
VIETNAM VETERANS OF AMERICA

Accompanied by

JOHN ROWAN
National Board of Directors
VIETNAM VETERANS OF AMERICA

Before the

Subcommittee on Education, Training and Employment
Committee on Veterans Affairs

United States House of Representatives

September 10, 1986

Mr. Chairman, Vietnam Veterans of America wishes to both commend you and this Committee for holding this hearing, and to thank you for allowing us to present the views of Vietnam Veterans of America (VVA) here this afternoon.

It has been the contention of Vietnam Veterans of America (VVA) for some years that the state of homelessness among veterans is a symptom of the failure of the system of the veterans service network to properly address the multiple needs of a significant number of veterans, especially Vietnam combat theatre veterans. The problem of lack of permanent domicile, while of immediate and critical concern to the individuals who are in this situation, is always derivative of, and associated with, other problems. There are many services that are provided for under Federal law, but obviously tens of thousands of veterans have not been properly reached.

We must do better. A difficult fiscal climate is no excuse. VVA would remind all those who say that "you can't help everybody" that nowhere in Title 38 of the United States Code does it say "for middle class veterans only." While VVA would maintain that clear priorities must be established, those priorities must be based on whether an individual has been lessened as a result of his or her military service, and not upon present socio-economic status or political clout.

Vietnam Veterans of America will attempt to address your questions in the order in which you posed them in your invitation to appear at this hearing, Mr. Chairman.

First, homeless veterans are from each of the eras you cited. As you know, anything approaching definitive figures are hard to come by, as people who are homeless are by definition not in any one place for a very long period of time, so it is difficult to obtain firm counts. The various studies supplied to your staff prior to this hearing seem to corroborate the estimate given by Mr. Raymond Cloutier of the U.S. Department of Labor that there are up to 230,000 homeless veterans on any given day of the year, and up to 550,000 at some point during a twelve month period. The Heritage Foundation has estimated that over 80,000 veterans are "chronically homeless" (i.e., without permanent shelter for one year or more). About a third of these veterans appear to be Vietnam veterans, with a higher percentage of Vietnam veterans among in the "Sun Belt" magnet states. VVA would suggest that this means that at least 25-30,000 Vietnam veterans are among the "hard core homeless." The various studies suggest that about 10% are World War II vets, about 15-20% are Korean or "Cold War" veterans, and about 30% are veterans discharged since the end of the Vietnam war. We stress that these figures are rough aggregate figures that vary greatly from locale to locale, and even at the same locale dependent on the time of year or day of the week. The "homeless veterans" population is an extremely heterogeneous group that shares only the lack of a permanent home and the fact that they served their country in the military as common denominators.

Second, as to where homeless veterans are located, we would answer that they are to be found in both rural areas and in urban areas, as well as in small towns. The studies cited here today by VVA and others have all concentrated on urban settings. However, the experiences of the "trip wire" veterans in remote areas has been widely documented, although not systematically addressed in satisfactory fashion. The experience of VVA chapters from Greenfield, Massachusetts to Muskegon, Michigan to Eugene, Oregon have demonstrated to us that this is not a phenomena that is restricted to any particular setting. In the course of preparing for this hearing VVA contacted the Rural States Caucus among others, and could not discover any studies or estimates of numbers of homeless veterans in less urban areas. This is not perhaps surprising, given the logistical difficulties inherent in such a potential study.

VVA suggests, Mr. Chairman, that is would be reasonable to suggest that homeless veterans will be found in locales roughly analogous to the demographic distribution of the population at large, with a slightly higher percentage relative to the area population in wilderness areas and the "magnet" states across the Sun Belt.

Third, as to why these veterans are unemployed and unable to provide shelter for themselves, Vietnam Veterans of America reiterates that this is a very heterogeneous grouping of veterans. There are several patterns that we will try to delineate, however, as there is great value in trying to segment these groups of individuals in order to more reasonably fashion a real Federal response of leadership in meeting the needs of these veterans.

Vietnam Veterans of America suggested the approach of segmenting out the veterans population(s) to Mr. Harvey Vieth of the Federal Task Force on the Homeless almost two years ago. It was, and is, VVA's contention that of those without permanent domicile, veterans may well be one of the best places to start to seriously address this problem. Instead of trying to respond to an amorphous media problem of "THE HOMELESS," the strategy would be to concentrate on the significant problems that led to their state of homelessness. Among the homeless veterans, there are some common threads that emerge, and significant resources in place to address those problem threads, if the leadership to marshal those resources were provided.

Of those Vietnam veterans that are homeless, it appears that roughly one third have problems with substance abuse, primarily alcohol; one third have mental and/or physical health problems; and roughly one third have simply lost the slim hold they had on the lower middle class and become disenfranchised. Once on the street and out of the mainstream, it is extremely difficult to get back in the mainstream. The longer one is out on the street the more that immediate life sustaining concerns of food, shelter, and "getting through the next day" without physical harm predominate. What seems to be a thread through all three segments is a lack of a sense of self-worth. The key to any programmatic response(s) is re-establishment of that sense of self-worth and pride. VVA believes that if approached correctly this may be less difficult for veterans than for some other groupings of homeless persons, but it will take a concerted integrated effort of several Federal agencies working with State and local governments, private care providers, and the veteran service organizations to make any difference in the lives of a significant number of these veterans.

As to what is currently being done to assist these veterans, the answer is that not much has heretofore been done on a systematic national basis. VVA is aware that some VA Regional Offices are trying to properly respond in their areas, some Department of Labor personnel have been attempting to, and in some cases succeeded, in helping veterans get back in the mainstream. Some representatives of veterans service organizations and Vet Center team members have also been trying to help in their area. Until recently however, there has not been what we would even regard as a serious attempt to address the problem of homeless veterans with a serious national policy. Much credit is due to the Honorable Donald Shasteen and Secretary of Labor William Brock, for seizing the initiative and providing the leadership that may lead to a serious national strategy.

To our knowledge, the extent of Veterans' Administration official policy has been to send out DM&S Circular 10-85-86 dated 4/22/85, and to send out DVB message on February 14, 1985 (see attached). The VA cutbacks have, perhaps unwittingly, contributed to the problem. The number of operating psychiatry beds was diminished by 1,000 in the last five years while the total number of schizophrenic diagnoses rose by almost 5,000. It is our belief that some of the homeless veterans, particularly among the older veterans, are victims of "DRGs" and "deinstitutionalization" policies that amount to dumping sick veterans out on the street (see attached article by E. Fuller Torrey, M.D.) in a manner of analogous to that of State psychiatric hospitals.

Further, fashioning the means to carry out an adequate outreach effort will be hampered by the fact that the Veterans Assistance Service has been cut by 45% in the last five years, from 4,039 actual FTEE to 2,2276 FTEE as of September 3, 1986. The number of Veterans Benefits Counselors (VBCs) has been cut by 40% from FY ~80 to FY ~86, from 1,470 FTEE down to only 883 FTEE. The number of IS-1 Fact Sheets, entitled "Federal Benefits for Veterans and Dependents" printed by VA have been cut back from almost 300,000 in FY~84 to 20,000 in FY ~85, to only 10,000 nationwide in FY ~86. The cuts in the number of staff to help inform veterans, as well as the draconian cuts in printed information amount to a deliberate attempt to deny veterans services and benefits by keeping them ignorant of same. President Reagan stated earlier this year that Americans were hungry due only to lack of knowledge. Therefore, it makes it all the more outrageous that the Administration seems to have embarked on a course to deliberately deny knowledge of and access to services at the VA. Lack of knowledge of benefits and services, "getting veterans into the system" where many can be helped with their individual, often service related, problems is going to be difficult with so many fewer people to actually do it.

The Department of Veterans Benefits and the Department of Medicine and Surgery are currently moving to fashion a more comprehensive and proper response, but need support from the Congress, particularly as to halting erosion of resources if it is to mean anything to the veterans who need help.

Mr. Chairman, Vietnam Veterans of America would submit the following recommendations to help ensure that homeless veterans who are potentially employable find and maintain employment.

1. That the Committee prompt the Veterans Administration to become the central federal Agency in dealing with these veterans. Most of these veterans are unemployed for reasons of multiple, but identifiable problems, many of which the VA has the mandate to address.

2. That the Committee direct VA to regularly send assessment teams into shelters on a consistent basis nationwide, such teams to consist of Veterans Benefits Counselors, VA Social workers, mental health professionals, and physical health professionals.

3. That the Department of Labor be encouraged to continue and redouble efforts to reach homeless veterans who are potentially employable, especially Vietnam theatre, disabled, and recently separated veterans among those who are homeless.

4. That the Committee press for early passage of HR 5138, the "Veterans Pensions Benefits for the Homeless Act," which would help ensure delivery of entitlement checks to veterans with no fixed or permanent address.

5. That the Committee seek to halt the precipitous destruction of the Veterans Assistance Service, and ensure that there are enough Veterans Benefits Counselors to reach out to those most in need. It is VVA's estimate that at least 1,200 should be the minimum number of non-hospital based VBCs.

6. That you encourage your colleagues on the Subcommittee on Hospitals and Health Care to investigate the effect of DRGs on the dumping of psychotic and schizophrenic veterans onto the street and if it is true, to bring such practices to a halt.

7. That the Veterans Administration and the Veterans Employment and Training Service be directed to establish close, regular and continuous coordination at the service delivery level as well as at the policy level, so that some form of regular individual case management system can be put in place and function to help individual veterans make it off the street and into gainful, productive, and more proper places in society.

8. That the Committee seek enhanced use of domiciliary and half way contact facilities, especially in regard to treatment of alcoholism as a barrier to employment. Further, that Department of Labor be directed to more closely coordinate services with these facilities.

9. That the Committee direct the Veterans Administration to print at least 200,000 IS-1 Fact Sheets "Federal Benefits

for Veterans and Dependents," and to ensure that each shelter in the nation be provided with at least several reference copies of this basic reference booklet.

10. That the Committee seek to ensure that changes are enacted in the Job Training Partnership Act that would ensure that veterans are a priority group for employment and training services under the Act.

11. The Committee press the Veterans Administration to fully implement the legislation calling for ten Vietnam Veteran Resource Centers, as means of addressing the types of barriers to employment faced by many homeless and other Vietnam veterans. Although resources are available for all ten centers mandated by law, approval has only been given to establish two of the ten sites.

Mr. Chairman, while the above eleven recommendations, and other steps that others may outline here today may be useful steps, the most important element of all is that National leaders, such as you and your distinguished colleagues press for justice for those who currently have no political voice, but who did serve faithfully when called to sacrifice in wartime. Vietnam Veterans of America urges the Committee on Veterans Affairs to press on with this issue until there is some action.

Lastly, Vietnam Veterans of America would be the first to note that all of us in the Veterans Service Organizations need to do more. Mr. John Rowan, accompanying me here today, is a member of the VVA National Board of Directors, and has been designated by our Board to take the lead on this issue. Mr. Rowan has organized the New York City Homeless Veterans Committee of VVA, which is working with the Veterans Administration, the New York State Division of Veterans Affairs, the Human Resources Administration, and others to fashion a program that would be a public/private effort to more adequately address the multiple needs of homeless veterans.

In addition to these efforts VVA is preparing a more comprehensive organizational response to the needs of homeless veterans by recommending possible projects to VVA Chapters and State Councils. Additionally the VVA National Office will soon begin to send out copies of The Viet Vet Survival Guide to every major shelter in the country, as soon as we get a list from the Federal Task Force on the Homeless. We are however, aware that all of us who are in the leadership of all the major national veterans service organizations must do a great deal more before we will have properly discharged our responsibilities to these least fortunate of our fellow veterans.

That concludes our statement. Both Mr. Rowan and I will be pleased to answer any questions you may have, Mr. Chairman.

Once again, thank you for the opportunity to present the views of Vietnam Veterans of America here today.

Index to Appendices

I. Number of staff persons serving as Veterans Benefits Counselors in the Veterans Administration Regional Offices.

II. Article entitled "Finally A Cure For the Homeless" by E. Fuller Torrey, from "The Washington Monthly," September 1986 issue, pages 23 to 27.

III. Number of Patients discharged from VA Medical Centers with a Diagnosis of Schizophrenic Disorder and Number of Average Operating Psychiatry Beds in VA Medical Centers for the period 1981-1985.

IV. Copy of HR 5138

V. Resolution "V-12: Homeless Veterans" passed by the VVA National Convention, November 20-24, 1986.

Appendix I

Veterans Assistance Service

Fiscal Year	Total Staff FTEE
80	4,039
81	3,160
82	2,969
83	2,764
84	2,577
85	2,424
86	2,276
	(reduction of 43.6%)

Veterans Benefits Counselors*

80	1,470
81	1,295
82	1,193
83	1,095
84	968
85	939
86	883
	(reduction of 40%)

*These figures do not include the 140 hospitals based Veterans Benefits Counselors.

APPENDIX II
VVA - 9/10/86

by E. Fuller Torrey, M.D.

FINALLY, A CURE FOR THE HOMELESS:

BUT IT TAKES SOME STRONG MEDICINE

Cynthia* joined the legions of homeless on Washington's streets on March 26, 1985, when she was precipitously discharged from St. Elizabeth's Hospital. She walked down Martin Luther King Avenue holding a list of the city's public shelters and one week's worth of medication, wearing a light sweater and bedroom slippers because, as her hospital chart phrased it, "she refused to wear her sneakers." The weatherman had said the temperature would drop into the thirties. Passers-by glanced at Cynthia and her odd footwear, and walked past this latest graduate of St. Elizabeth's.

Hospital regulations do not sanction such hasty discharges, of course. A patient is supposed to have housing arranged and a follow-up appointment at a community mental health center. But Cynthia was, everyone agreed, a difficult patient—"very demanding" and "not cooperative at all," as the nursing staff wrote on her hospital chart. She had had difficulty getting along with other people even as a small girl. Then, in her early twenties, when she developed schizophrenia, she went from irascible to unlikable.

The nursing staff had been subtly pressuring the ward psychiatrist for weeks to discharge her. She refused to meet with her occupational therapy group, and was then told she had to attend or she would be released. Cynthia told the nursing staff what she thought of their threat. And she was out the door after one hour's notice.

Packing was easy, for she had come with nothing. Four years and six hospitals earlier she still owned some things—pictures, clothes, bagatelles of a private past—but now they are all gone, forgotten on some park bench or locked away in the unclaimed luggage room of another state hospital. It is difficult for her to keep things; the voices in her disordered brain distract her. Schizophrenia is a disease which affects the brain's chemistry so that its sufferers can no longer think clearly or logically. Cynthia often believes people are trying to kill her.

Cynthia joined the homeless who live on the streets and park benches of downtown Washington. They sleep, importune strangers, gesture to imaginary accomplices, shout angrily at the wind, forage through cans, and sit quietly with glazed eyes. They are daily reminders of the massive failure of one of the Great Society's

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E. Fuller Torrey, M.D. is a Washington psychiatrist and writer. For the past three years he has run a clinic for mentally ill homeless women.

**The names of the homeless have been changed.*

premier programs: the deinstitutionalization of mental patients out of state asylums and into local Community Mental Health Centers (CMHCs).

The crisis of the mentally ill among the homeless is certainly not news. In fact, there has been a broad consensus for several years that deinstitutionalization is a major cause of homelessness. In 1979, *The New York Times* ran a three-part series headlined, "Mental-Patient Release Program Leaves Many to Face Harsh Fate." In 1980, studies in New York showed that 42 percent of the homeless were severely mentally ill, and in 1981, the *Times* editorialized: "The state's deinstitutionalization program has yet to develop adequate community service for discharged mental patients, yet it has also tightened up admission requirements to state hospitals." A 1983 Senate hearing showed that 30 to 50 percent of the homeless have severe mental illnesses, and congressional hearings in 1985 drew a *Washington Post* headline: "Experts Decry Dumping of Mental Patients: Streets Called Asylums of the 1980s." Just six days later Cynthia was released from St. Elizabeth's.

The news, then, is not that there is a clear relationship between failed mental health programs and the number of homeless mentally ill. Rather, it is that everybody acknowledges the fact, but does nothing about it. Hospitals like St. Elizabeth's continue to dump disturbed patients into the community, while the CMHCs show more interest in patients with mid-life crises than in those with serious mental illness.

More frustrating still, Cynthia and others like her could lead normal, productive lives if they would take certain medications. While this solution is medically simple, it is politically and legally difficult. Lawyers and politicians have objected on civil liberties grounds. But since homelessness among the mentally ill persists—despite the agreement on its causes—it is time for society to take a seemingly distasteful step: *force* many of these schizophrenics to take their medicine.

Profiles that discourage

Deinstitutionalization was conceived in idealism and implemented with the best of intentions. President John F. Kennedy spoke of "the abandonment of the mentally ill and the mentally retarded to the grim mercies of custodial institutions" in his 1963 State of the Union message. One month later, in a historic special message to Congress, Kennedy proposed a network of CMHCs as "a bold new approach." When carried out, "reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability. . . . It has been demonstrated that two out of three schizophrenics—our largest category of mentally ill—can be treated and released within six months. . . . If we launch a broad new mental health program now, it will be possible within a decade or two to reduce the number of patients now under custodial care by 50 percent or more."

At congressional hearings on enactment of the CMHC legislation in March 1963, Health, Education, and Welfare Secretary Anthony Celebrezze testified: "It is clear that huge custodial institutions are not suited for the treatment of mental illness. . . . Therefore the national program for mental health [CMHCs] is centered on a wholly new emphasis and approach—care and treatment of most mentally ill persons in their home communities."

The CMHC program was passed by Congress and turned over to the National Institute of Mental Health (NIMH) to administer. It was clear from the beginning, however, that neither NIMH nor the CMHCs had any interest in the severely mentally ill. NIMH wrote its regulations so loosely that the local centers soon geared themselves to people with "problems of living" who could not afford the fees of private psychiatrists. The program that had originally been set up for patients with schizophrenia, manic-depressive psychosis, and other severe mental disorders, became instead a program for married couples having difficulty communicating, young adults concerned about their relations with the opposite sex, and middle-aged individuals undergoing existential crises. In states such as Mississippi, where mental health officials have tried to gear the centers more toward the seriously ill, the staffs that run the clinics have rebelled, claiming they are not equipped to treat such patients. Set up for the suffering sick, Kennedy's program was instead coopted by the worried well.

As early as 1969, an internal NIMH study showed that one-third of patients with schizophrenia released from state hospitals were given no referral for further care. In that same year, a report of the American Psychiatric Association claimed that "some centers [CMHCs] consciously discriminated against poor and chronically ill patients who came to them for help." In 1972, internal NIMH memos complained of CMHCs that abused federal funds by building swimming pools or by allowing psychiatrists to hospitalize their private patients.

"The only people with improved lives," said one memo, "appear to be the professionals who run the program." In 1973, further NIMH studies showed that there was no relationship between most CMHCs and the ongoing release of patients from state hospitals, and the *American Journal of Psychiatry* published an article titled, "Care of the Chronically Mentally Ill: A National Disgrace." In 1974, the Health Research Group, a public interest organization based in Washington, published a scathing study on the CMHC program that concluded: "the deficiencies of the program are now too glaring to be brushed aside."

Meanwhile, seriously ill patients continued to be dumped from state hospitals into the community despite clear indications that CMHCs were not following up with treatment. Where state and federal officials thought these disabled people were going to get care is a mystery. On the day Cynthia was released from St. Elizabeth's, she may have wondered too; President Kennedy's "open warmth of community concern and capability" was not readily apparent. Most of the women's shelters were full, but she was finally accepted at a small church shelter where the women sleep on mats on the floor. Like most shelters in Washington, the church sends the women out at 7:30 in the morning and doesn't allow them to store anything. If they have any possessions, they must take them wherever they go during the day. If they are fortunate enough to have an extra 50 cents, they may rent a public locker at the bus station, but that is a luxury few can afford.

Nancy has lived at this shelter for more than two years. She likes clothes and hangs onto them by wearing several layers. She is a familiar site around Lafayette Park, which is across from the White House, and the Smithsonian museums, happily talking to herself and carrying her bags. She was hospitalized years ago but hated it; she refuses all entreaties to take medicine. There is nothing wrong with her, she says, although it is sometimes difficult to get her to focus on your questions, which compete with the several other inaudible voices with which she is carrying on conversations.

Marion also lives there. She came to the United States in her twenties as an immigrant from Eastern Europe. But, she says, somebody put electric wires into a chair she was sitting in, causing voices in her brain to talk to her. Ever since, she says she must watch for people following her or trying to poison her food. Most days she hides from them in the public libraries and art galleries.

How many homeless people are there in Washington? Nobody really knows, but it is estimated there are more than 3,000. A [illegible] survey by the Health Research Group found that almost two-thirds of the women and one-third of the men had schizophrenia; all of them had been in mental hospitals like St. Elizabeth's. Washington is not unique. In Boston, 38 percent of shelter residents were diagnosed as schizophrenic, and in Philadelphia, 37 percent. In New York City, 50 percent of those in public shelters have been either deinstitutionalized from mental hospitals or denied admission because no beds were available. The Department of Health and Human Services says 33 to 66 percent of all shelter residents are severely mentally ill.

In addition to shelter residents with schizophrenia, there is another large group of homeless. In Washington, one-third of the men and a smaller percentage of women are alcoholics. The rest have lost their jobs, housing, and hope, and are drifting. Gentrification of the inner city and the demolition of low-rent housing has compounded an already bad situation.

Mary says she has been looking for affordable housing for more than a year. She is eligible to receive $359 each month as Supplemental Security Income because of her schizophrenia, though she denies there is anything wrong with her. She can tell you what is available for that income level and she doesn't like any of it. So for several months she has slept on the mezzanine of National Airport; the guards leave her alone as long as she is quiet. She feels safe there from the Israeli agents who she believes inject her with special medicine while she's sleeping. You barely notice her sitting in the airport during the day, apparently waiting for a plane to arrive. Pleasant and intelligent, she is a college graduate with three children. Her family lost track of her for several months until one of her daughters, when catching a flight back to college, ran into her.

Mary is not the only well-educated member of the homeless club. Virginia has a master's degree in English from the University of Wisconsin. Joan graduated with high honors from Washington University in St. Louis. Denise was trained in law at Howard University and was one of the first black lawyers accepted by a prestigious Washington firm. John is a fully-trained psychiatrist, yet often sleeps in the woods in northern Virginia, and Dan was a classmate of mine at Princeton.

Dan's life is especially poignant to me. I remember him as a varsity athlete, a member of one of the most prestigious eating clubs, and a class leader. He majored in history and wrote his senior thesis on a complicated aspect of nineteenth century economic history. Yet for 20 years he has roamed the nation, living in public shelters and sleeping in the woods, trying to escape the voices and messages he says are beamed to his brain by the FBI. Occasionally he calls me when he is in Washington, hoping I can explain why the FBI is doing this to him. He refuses all offers of help, for he trusts no one. He has absolutely no insight into his illness.

There are also, of course, many homeless at the other end of the educational spectrum and at all points in between. Andrea dropped out of school in the fourth grade and occasionally turns to prostitution to support her fondness for alcohol. Susan ran away from home when she was 13 because of what her father might do when he learned she was pregnant. And Richard lives at a shelter between stays in the D.C. jail and St. Elizabeth's. Homelessness is truly an equal opportunity employer.

Homelessness lends itself nicely to political posturing. Governor Mario Cuomo of New York says that "homelessness is by its nature a crisis in housing" and implies that the reduction in federal funds for low-cost housing has exacerbated the problem. Republicans point out that deinstitutionalization began under Presidents Kennedy and Johnson. President Reagan, of course, says that those living on the street have elected to do so and denies that his safety net is inadequate. Meanwhile, the numbers of homeless increase.

Troll busters

The biggest tragedy is that many of these lives are salvageable. Given a regular supply of lithium, a standard medication that restores a proper chemical balance in the brain, Donna was transformed from a shelter resident to a GS-5 in the Department of Commerce and has worked steadily for two years. On antipsychotic medication, Lily is holding two restaurant jobs and has moved from a shelter to her own apartment, while Ann supports her teenage son by working as a nurse's aide. The lithium and antipsychotic medication do not cure mental illness; they control the symptoms. They work the same way that insulin does in diabetics. I would estimate that one fourth of the women I have known who live in public shelters could be returned to at least part-time employment if they took medication regularly. But most of the homeless who could benefit from medication will not accept it. Their brains tell them there is nothing wrong with them. Their voices whisper that medication is poison. Mary's family tried several times to have her involuntarily hospitalized and treated. She had been on medicine in the past and was much better, even able to hold a job. But she lived alone, with no one to force her to keep taking her medication. Because she didn't believe she was sick, she stopped.

Although the law once said that people could be hospitalized against their will if they were "in need of treatment" or "gravely disabled," well-meaning lawyers, concerned about the patients' civil liberties, have changed that. Now, in most states, no one can be involuntarily hospitalized and treated unless he is a danger to himself or to others. So Mary now has the right to sit at National Airport, safely evading the Israeli agents. And we now have a wonderfully free collection of individuals congregating in the nation's parks and streets. The defenders of civil liberties may be proud of that, but they don't have to live on the streets. Homeless people frequently freeze to death in the winter. Homeless women are frequently raped. Stores in California sell "troll buster" T-shirts to honor youths who beat up helpless men living under bridges. Earlier this year, the *New England Journal of Medicine* described "dumpster-diving injuries" suffered by the homeless searching for food. A homeless woman in New York was raped and killed by three teenage boys, and in Hyannis, Massachusetts, two street people were beaten to death. The local newspaper editorialized that it was like having "rabbits forced to live in the company of dogs."

Liberty and cruelty have become confused. The laws need to be changed so that obviously disabled individuals can be hospitalized and treated before they become a danger to themselves or others. If they are gravely disabled and refuse help because they can't understand their illness, then psychiatric staff or the police should be allowed to take them—involuntarily—to a hospital for evaluation. Release from a hospital should be made contingent upon the the patients' agreeing to continue to take medication. If the patients stop taking their medication (as determined by blood tests) then they can also be returned to the hospital.

Partial conservatorship or guardianship, and similar legal mechanisms for ensuring treatment have all been shown to work. These solutions, however, have been opposed by the American Civil Liberties Union, and others who say that involuntary treatment infringes on an individual's autonomy and right to make his own decisions. Assuming, however, that someone with

Given a regular supply of medication Donna was transformed from a shelter resident to a GS-5 in the Department of Commerce, while Lily is holding two jobs and has moved from a shelter to her own apartment.

schizophrenia is capable of making intelligent decisions regarding his or her own needs is like assuming that a person with heart disease has normal cardiac function and can run a marathon. When diabetes causes a person to go into a coma we do not defend the person's right to remain in a coma. Yet when schizophrenia jumbles the brain's chemistry, we insist that the person has the right to remain sick even when he has a history of getting well on medication.

There must be checks and balances available in the system, of course, such as court hearings and specified review periods. Nobody would advocate returning to the 1930s when someone could be hospitalized involuntarily for an indefinite period on the strength of a single psychiatrist's signature. But the present state of affairs is unacceptable.

Medication, of course, is not a panacea for homelessness. Low-cost housing must also be developed and made available to the homeless. Gentrification of the inner cities benefits some, but not those who have been displaced into the streets. Housing must certainly be assured for patients discharged from state hospitals. Mayor Edward Koch of New York is one of the few leaders who have proposed a housing program specifically for the mentally ill homeless. It has not been implemented, however, and New York continues to live with the irony of using part of Creedmore State Hospital as a public men's shelter. Some hallucinating shelter residents are sleeping in the same rooms they slept in when Creedmore was a mental hospital, only now there are no nurses and no medication. When the District of Columbia takes over St. Elizabeth's in October 1987, it will discharge 500 patients into the community. There are no housing plans for them. Officially, no one is certain where they will go. But unofficially everyone knows.

Another part of the solution is to provide enough beds for patients in need of hospitalization. Recently in New York City, Juan Gonzalez, a homeless man with schizophrenia who told authorities that "Jesus wants me to kill," was not admitted to the hospital because of a lack of beds. Two days later he fatally stabbed two people on the Staten Island Ferry. Nine days later, a *New York Times* headline stated: "Hospital Occupancy Drops to 20-Year Low in City." It seems that hospital beds are available by the hundreds—but not for psychiatric patients who don't have private insurance.

Adequate community mental health services are clearly essential as well. Despite having had four federally funded CMHCs, the District of Columbia ranks near the bottom nationally for such services. Psychiatric services should be available in public shelters, and mobile vans should reach out to the mentally ill living on the streets as they do in Philadelphia and New York.

Mental health professionals should also take an interest in public patients as well as their private ones. The District of Columbia, for instance, has more mental health professionals per capita than any city in America—five times as many psychiatrists and four times as many psychologists per capita as the national average. But tell that to a homeless mentally ill person who cannot afford $100 per hour on upper Connecticut Avenue. Perhaps it is time to require professionals in the District to spend a small amount of time doing public service each month as a condition of their license to practice.

In 1948, Albert Deutsch, a crusading newsman, investigated state mental hospitals and wrote *The Shame of the States*. In it he said: "In some of the wards there were scenes that rivaled the horrors of the Nazi concentration camps—hundreds of naked mental patients herded into huge, barnlike, filth-infested wards, in all degrees of deterioration, untended and untreated, stripped of every vestige of human decency, many in stages of semi-starvation. The writer heard state hospital doctors frankly admit that the animals of nearby piggeries were better fed, housed, and treated than many of the patients in their wards." In 1986 the "shame of the states" has become the "shame of the streets." ■

Appendix III

Patients discharged with a diagnosis of schizoprenic disorder (ICDA Code 295)

	TOTAL DIAGNOSES	PRINCIPAL DIAGNOSIS	ASSOC. DIAGNOSES
1985	63,922	47,505	16,417
1984	58,645	45,053	13,529
1983	57,621	46,360	11,261
1982	59,516	48,739	10,777
1981	59,228	49,556	9,672

1980 - The diagnosis of Schizophrenia was grouped with other diagnoses and the category was labled "Psychosis not attributed to physical conditions (ICDA Codes 295-299).

Average Operating Psychiatry Beds

1985	23,066
1984	23,689
1983	23,764
1982	23,748
1981	24,045

APPENDIX IV
VVA
9/10/86

99th CONGRESS
2d Session

H. R. 5138

To ensure that homeless individuals receive veterans' pension benefits

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IN THE HOUSE OF REPRESENTATIVES

June 26, 1986

Mr. Leland (for himself and Mr. [illegible]) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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A BILL

To ensure that homeless individuals receive veterans' pension benefits.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) this Act may be cited as the "Veterans' Pensions Benefits for the Homeless Act".

(b) Section 3020(a) of title 38, United States Code (relating to payment and delivery of veterans' benefits), is amended by adding at the end the following new sentence: "Nothing in this subsection prohibits transmittal or delivery of a check to an individual for the reason that the individual has no fixed or permanent address.".

APPENDIX V 9/10/86

[illegible]

Resolutions

Adopted

by

The Second National Convention

of

Vietnam Veterans of America

Detroit, Michigan

November 20-24, 1985

1985 Resolution

V-12 HOMELESS VETERANS

BACKGROUND: Reliable studies done in a number of metropolitan areas in the last few years, including New York and Los Angeles, indicate that a large percentage of the population of homeless Americans are veterans. Although "hard" figures are difficult to obtain, it is reasonably estimated that 30% to 50% of the homeless men on the street of any major metropolitan area in the U.S. on any given day are veterans, with about half of those being Vietnam veterans.

THEREFORE, BE IT RESOLVED, that the VA participate in cross-agency liaison wth public health and community human service providers to enhance the delivery of needed health care services to homeless veterans and that Vietnam Veterans of America call upon the Veterans Administration to continue its programs and expand, as appropriate, the assignment of teams of benefit counselors to visit homeless shelters to ensure that full federal services are awarded to veterans within the limits of the law, and that they are made aware of other public and private social services available to them.

STATEMENT OF
JAMES G. BOURIE
NATIONAL SERVICE DIRECTOR
AMVETS
BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON EDUCATION, TRAINING & EMPLOYMENT
ON
HOMELESS VETERANS AND LONG-TERM
UNEMPLOYED VETERANS
SEPTEMBER 10, 1986

Mr. Chairman and members of this Committee, the American Veterans of WWII, Korea and Vietnam (AMVETS) wishes to thank you for the opportunity to express its views on two issues of importance to us: homeless veterans and long-term unemployment veterans.

Much attention by the press has focused in on the problems of the homeless. Nightly TV news programs regularly feature stories of the homeless and we cannot but wonder as the camera pans the homeless crowd, and we see fatigue jackets and other items of military clothing, how many are veterans?

Precise figures on the homeless problem are unavailable. However HUD in 1984 conducted a study that pointed out that on any given night 250,000-300,000 are permanently homeless, with an annual growth rate of 20 percent. And that at any one time, there are approximately two million homeless. That of all the homeless, eighty percent have alcohol and/or mental illness problems. Of particular concern to AMVETS is the HUD estimate that thirty-three percent of the homeless population are veterans, with about six percent WWII; ten to fifteen percent Korean era, and the balance of veteran homeless being Vietnam era. We find all of these statistics distressing.

Seizing on this, we applaud the DOL's Office of Assistant Secretary for Veterans Employment and Training Service and VA for meeting this challenge head-on. Ten cities have been identified to begin a homeless veterans project. In each city a team of VETS, Social Security, VA and others will coordinate federal, community resources, explore (and possibly implement) training programs, provide support services through Disabled Veterans Outreach Program Specialists (DVOPs), Local Veterans Employment Representatives (LVERs), VA programs, employer support and Veterans Service Organizations. As we understand the project, homeless veterans teams will locate homeless veterans and provide all necessary support. Since this project is just underway, we cannot assess its success.

To a lesser extent, the AMVETS National Service Program, through its cadre of nationwide National Service Officers provides itinerant schedules to community shelters and such in an attempt to locate homeless veterans and to assist them in any way we can.

Veterans have a wide range of support services available to them as veterans and as citizens. And to bring these services and programs to hear is not, in our estimation, the true nexus of the issue for some homeless veterans. It is all well and good to place a veteran in a suitable program, but where will the veteran live in the meanwhile, or support him/herself and perhaps a family? There are no, for example, skill programs offering housing and stipends. The "warehousing" of these veterans is also not the answer.

Mr. Chairman, we can certainly distinguish between those veterans who have service-connected versus nonservice-connected injuries, develop claims and entitlement to VA programs and facilities. But what of the nonservice-connected disabled veteran? What can we do for them? What must be done? Of course there will always be those homeless veterans who forsake any and all assistance and have chosen for themselves a life on the street. Unfortunate, but a fact of life.

The issue is indeed complicated and we have no magical formula to apply. The OASVET's homeless project is certainly a step forward and if successful perhaps could be duplicated nationwide.

The issue of long-term unemployed veterans is another nettlesome problem which perhaps ties into the homeless issue. The phrase "long-term" has many interpretations to many people. For those veterans who have regularly had a job, then suddenly have none, even one day unemployed is "long-term." Or we can couple it with the "chronic" unemployed. But in any fashion we interpret it to mean those veterans, for whatever reason, are unable to hold steady, regular employment for any length of time.

We don't know how many, age, sex, era, skill level or other relevant data. Only best "guesstimates" can be used. We do, however, know that these "long-term" unemployed veterans lack fundamental skills to compete in the job market. AMVETS has carried this message to the Department of Labor and to this committee many times before. We bemoan the fact that for the most part veterans are shut out of the Job Training Partnership Act (JTPA), same for the meager Title IVC programs, and that the Veterans Jobs Training Act (VJTA) is fine for those veterans with marketable skills. We decried the fact that there are no substantive Veterans Employment and Training programs providing outreach, training and placement.

Mr. Chairman, resources need to be brought to hear and attitudes must be alerted. Veterans need to be part of the Job Training Partnership Act, at all levels; Title IVC funding must be substantially increased, and the OASVET, in cooperation with the VA, must design, implement and monitor these training programs. All that exists now are stop-gap, bandaid programs covering festering wounds.

STATEMENT OF
RONALD W. DRACH
NATIONAL EMPLOYMENT DIRECTOR
DISABLED AMERICAN VETERANS
TO THE
SUBCOMMITTEE ON EDUCATION, TRAINING AND EMPLOYMENT
OF THE
HOUSE VETERANS AFFAIRS COMMITTEE
September 10, 1986

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

On behalf of the more than one million members of the Disabled American Veterans and its Ladies' Auxiliary, I am pleased to submit to you our observations on the status of homeless, unemployed veterans.

Mr. Chairman, as we all know, there is a paucity of data on this subject which compounds the complexity of the task of trying to serve these individuals. Additionally, because of the very nature of their plight, i.e., homeless, they are much more difficult to contact, let alone provide services and follow-up that will lead to a better lifestyle for them.

We are pleased to provide our views and observations based on the information that has been made available to us or that we have gathered on our own. I would like to respond to the five questions outlined in your invitation to appear.

Question No 1. asks: "Who are these homeless veterans?"

Mr. Chairman, it would appear from the limited data available that homeless veterans include those from World War II, Korea and Vietnam. It appears from the general profile that the the concentration would be among Korean and Vietnam Era veterans. In most of the studies it is generally concluded the average age of the homeless is approximately 34. One exception to that conclusion is a study of homeless at the Long Island Shelter for the Homeless in Boston, Massachusetts which found: "homeless veterans tended to be older white males."

In a study conducted in the Baltimore area it was found that 51% of the homeless had reported some military service, 36% being of the Vietnam Era. Another study conducted in Los Angeles County reported that 48% of homeless males were veterans. Another interesting finding in Los Angeles was several of the post-Vietnam Era veterans became homeless after discharge from military service.

Studies conducted in Baltimore, Detroit, Los Angeles, Ohio, Phoenix and San Francisco found of all the homeless veterans, Vietnam Era veterans comprised 35%, 15%, 33%, 28%, 36% and 33%, respectively. This is an average of 30%. Therefore, it may be reasonable to conclude that approximately one-third of all homeless veterans are of the Vietnam Era.

Question No. 2 asks: "Where are they located?"

Again, the data is somewhat sparse and most of the studies appear to have been conducted in urban areas. However, several of the studies conclude the homeless problem is both urban and rural in nature. While they don't specifically mention rural veterans, we must conclude from the general profile that there are homeless veterans irrespective of the geographic setting.

Question No. 3 asks: "Why are these veterans unemployed and unable to provide shelter for themselves?"

This question is even more difficult to answer. A study conducted by the Ohio Department of Mental Health perhaps best summarizes the situation when they state: "Our data clearly support the multiple-problem and multiple-cause nature of the phenomenon. On the other hand, it is equally clear that the...system has substantially failed to meet or even address the needs of this population."

This study found the present status of these homeless veterans has been brought about by some of the same reasons the non-veteran has become homeless, e.g., alcohol and substance abuse (45.1% in Ohio); psychiatric (the Ohio study found that of the nearly 30% of the homeless that had been hospitalized for emotional or psychiatric problems, 6.1% were hospitalized at a Veterans Administration hospital). However, in the Baltimore study, while 51% of the homeless had served in the military (36% indicated they were Vietnam veterans), only 7.8% of the homeless reported that their usual source of medical care was a VA facility. This is slightly higher than the California study which was restricted to psychiatric hospitalization.

Also, the following from a summary of the Baltimore study helps put Question No. 3 in perspective:

> It is difficult to interpret what role military service might play in the life history of homeless persons, particularly with respect to etiology of homelessness, and little is known about how homeless veterans differ from nonveterans in the population. The alienation experienced by many homeless people may be compounded by the sense of rejection described by some Vietnam veterans and create

special problems in resettlement or the escape from homelessness. However, it seems clear that VA benefits, including health services, though available in major cities where the homeless congregate, are underutilized. Whether this underutilization is due to specific barriers to care within the VA system or operates according to rules that govern health-seeking behavior for the homeless in general is less clear and warrants further investigation.

Policy implication. Problems of accessibility and acceptability within the VA system should be identified and remedial action taken to correct deficiencies. Where necessary, special services to address the needs of homeless veterans should be developed. In addition to traditional health, mental health and alcoholism treatment services, these services should include outreach, transportation to often remote sites for care, rehabilitation, and resettlement, e.g., into the well-established network of VA adult foster care homes for those too physically or mentally disabled to function independently.

Apparently, the most extensive research done on veterans as a subset of the homeless was the Boston study of the Long Island Shelter for the Homeless. We should point out that the Commonwealth of Massachusetts has already instituted a homeless program for veterans. (This will be discussed later.) The Long Island study surveyed new arrivals and asked why they were homeless. The following represents the responses:

* unemployment -- 20%

* financial problem -- 18%

* legal eviction -- 14%

* alcoholism -- 20%

The Long Island study revealed the following about the veteran homeless population:

* 31% were veterans and 37% of the male population were veterans;

* 19% reported receiving some veterans' benefits;

* of those who had previously resided in Massachusetts, veterans and divorced persons were likely to have been homeless longer than other groups;

* veterans used the shelter at double the rate of male non-veterans;

* 48% of the veteran population who visited the shelter at least once returned at least two additional times per month (this compares with 22% of the non-veteran males);

* veterans were somewhat more likely to have physical health problems;

* homeless veterans tended to be older white males more often divorced and more educated;

* one-third of these veterans had entered the military service prior to 1960 and one-third entered after 1968;

* one-half had left the military since 1970;

* 90% had an honorable discharge and 95% either honorable or general discharge;

* half served in the Army;

* 24% reported they had a service-related disability;

* veterans were more likely to have dealt with hospitals and were somewhat less likely to have had contact with alcohol-related and social service agencies than non-veterans.

As indicated, the Commonwealth of Massachusetts has initiated a program to serve homeless veterans throughout the state. Apparently, the program has had some success in the areas of assisting homeless to receive employment; housing in foster homes, apartments and rooms; and medical benefits. Additionally, I am informed that Massachusetts has a special income maintenance program for veterans which is available to virtually any veteran in need. One report of services I reviewed indicates that of 132 homeless veterans, 73 received the special state benefits; 21 were placed into unsubsidized employment; 74 were referred to small businesses and other employment resources for possible employment help; 35 were placed in rooms and foster homes; 37 were placed in alcohol, drug and PTSD counseling; 7 were referred for medical services; and 5 were referred for rehabilitation services.

Question No. 4 asks: "What is being done to assist these veterans?" and "What efforts are being made to overcome the barriers to employment that exist for homeless veterans?"

At the present time, other than the definitive program in Massachusetts for veterans, we are not aware of any other specific outreach efforts to the homeless veteran at a state or local level. We do believe, however, that other programs do exist that have not come to our attention.

As we know, the Administration has established a Task Force on the Homeless. They apparently have done very little to assist the homeless, let alone target veterans. Assistant Secretary of Labor Donald Shasteen should be commended for his efforts in this area. The Assistant Secretary recently initiated a "Jobs for Homeless Veterans" project in ten geographically dispersed cities. While the success of this project is yet to be measured, it has at least been initiated.

The DAV has committed its support to Secretary Shasteen in this project and have contacted our Supervisory National Service Officers in those ten areas, advising them of the project and encouraging them to cooperate with this program. The DAV, through its corps of National Service Officers, can be a definite asset in this project. Those who are aware of our National Service Program know that we have 249 National Service Officers in 67 cities across the country. These Service Officers provide a multitude of services to veterans and their families. Veterans need not be members of the DAV to take advantage of these services.

Our NSOs also visit towns and cities distant from the Regional Office through our fleet of Field Service Units. These are "mini-vans" and have brought DAV services to more than 400,000 veterans, their dependents and survivors, during the past decade. We not only provide counseling regarding VA disability benefits, rehabilitation programs and other available services, but these NSOs actually represent these individuals in their claims before government agencies. The Disabled American Veterans also has several programs that can be beneficial to homeless veterans. In addition to providing assistance in filing, perfecting and representing claims, our Service Officers provide assistance in obtaining medical care through the VA hospital system, provide monetary emergency relief for those who may be eligible, provide assistance through our Older Veterans Assistance Program and provide other assistance through our Chapters and Departments.

While we have not surveyed our Departments and Chapters to determine what, if anything, they are doing, we are aware that several have established "soup kitchens" to serve homeless veterans. The Disabled American Veterans stands ready to assist the Department of Labor or any other government agency in addressing the needs of the homeless veteran population.

We have to bear in mind there is no single answer to this multiple issue problem and all agencies, private and public, must be called upon to provide their expertise and respective services. If any one service provider fails to live up to its responsibility, the potential for success is diminished significantly.

Mr. Chairman, that concludes my prepared statement and, again, we are happy to have had the opportunity to provide you with our views on this matter. I would be happy to respond to any questions you may have.

FEDERAL TASK FORCE ON THE HOMELESS
200 Independence Avenue, S.W., Washington, D.C. 20201
(202) 475-0379

November 24, 1986

The Honorable Thomas A. Daschle
U.S. House of Representatives
Committee on Veterans Affairs
Subcommittee on Education,
Training and Employment
Room 335, Cannon Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

In response to your request, we are enclosing a description of 18 programs operated by the Veterans Administration that may be used to help homeless veterans and their families. These are among over 70 federal programs we have identified that may be used to help all homeless persons.

If we can be of further assistance to you, please let us know.

Sincerely,

Harvey R. Vieth
Chairman

Enclosure

Chair
Department of Health and Human Services

Vice Chair
Department of Housing and Urban Development

Member Agencies
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Interior
Department of Labor
Department of Transportation
ACTION
General Services Administration
Federal Emergency Management Agency
U.S. Postal Service
Veterans Administration

VETERANS ADMINISTRATION
PROGRAMS TO HELP THE HOMELESS

The Veterans Administration (VA) is required by law to provide benefits and services only to persons who qualify as a result of prior military service under other than dishonorable conditions. A recurring problem concerning determination of eligibility lies in the unwillingness or inability of some of the homeless to provide the VA with basic background information, such as name, Social Security number, date of birth and dates of military service.

VA Benefits

1985 FUNDS/SERVICES - $14.2 Billion to 4.3 million eligible veterans and their families (Paid directly to the veteran or his survivors.)

Veterans (and their survivors) who meet certain age, service, and income requirements or who have a service-connected disability are eligible for pensions and/or compensation, through the following 5 programs:

- o Disability Compensation - for injury or illness incurred or aggravated by active service.
  $8.3 Billion to 2.2 million veterans

- o Dependents Indemnity and Death Compensation - for dependents of veterans who died of service connected injury or illness.
  $2 Billion to 338,000 dependents

- o Disability Pension - for war veterans who are disabled, over 65, and have low incomes.
  $2.5 Billion to 706,000 veterans

- o Death Pension - for low income dependents of deceased war veterans.
  $1.3 Billion to 761,000 dependents

- o Burial Allowances - to relieve surviving dependents of the burden of burial expenses for veterans.
  224,000 federal government burials with headstones and markers
  $125.7 Million to 437,597 dependents for non-government burials

Community Residential Care Program

1985 FUNDS/SERVICES - 12,000 residents took advantage of this program.

Although the VA does not provide free shelter for indigent veterans, some homeless veterans receiving VA pension or compensation, Social Security, or other funds may qualify to participate in the Residential Care Home Program, the largest of the VA's extended care programs. This program provides residential care, including room, board, personal care and general health care supervision to veterans who do not require hospital or nursing home care, but who, because of mental or physical health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. Care is provided mainly in private homes and is paid for by the veterans from VA compensation/pension benefits, SSI, etc., at an average cost of $450 per month. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Veterans receive monthly follow-up visits from VA social workers and other health care professionals, and are outpatients of local VA facilities. Currently, over 12,000 veterans are receiving care in over 3,000 homes.

Domiciliary Care Program

1985 FUNDS/SERVICES - $94 Million

This program served an estimated 12,200 veterans in 16 centers with an average of 400-500 beds (average daily census of 6,000). This program provides a group living arrangement for those disabled veterans with minimal daily medical and/or rehabilitation needs. The beneficiaries must have an income of less than $415 per month.

VA Health Care

1985 FUNDS/SERVICES - $8.9 million, serving 1.4 million inpatients visits and 19.6 Million outpatients visits

The VA system of Health care includes 172 hospitals, and 226 clinics.

VA Mental Health Care

1985 FUNDS/SERVICES - $1.2 billion, with 650,000 veterans treated on an outpatient basis, 10% of whom (65,000) are estimated to be homeless.

In addition to inpatient care, the VA system of mental health care available to eligible veterans and dependents includes 154 Mental Hygiene Clinics, 60 Day Treatment Centers, 40 Day Hospital Programs, 103 Alcohol Dependence Treatment Programs, and 51 Drug Dependence Treatment Programs.

Non-VA Contract Alcohol/Drug Treatment Facilities

1985 FUNDS/SERVICES - $5.4 Million, with 5,000 veterans placed

Under Public Law 99-166, the VA is authorized to contract for care, treatment, and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence disorders. VA will pay for up to 60 days of residential care, and in a few exceptional cases, up to 90 days of contracted care.

State Veterans Homes Program

1985 FUNDS/SERVICES - $104 Million, with 12,678 veterans served

This program is operated under two grants. One is a per diem program under which the VA provides Federal funding to assist States in providing domiciliary, nursing and hospital care to eligible veterans in State home facilities. The other provides up to 65 percent Federal funding for the acquisition and construction of domiciliary and nursing home facilities, and expansion or alteration of existing facilities. During FY 1985, these State veterans homes provided for an average of 7,846 nursing home residents, 4,334 domiciliary residents, and 498 hospital patients.

Readjustment Counseling (Vet Center) Program

1985 FUNDS/SERVICES - $40.6 Million, with 189 community-based centers

This program of community-based outreach and counseling services addresses the full range of readjustment problems of Vietnam-era veterans and their families. The centers are located in leased, commercial store-front facilities, apart from VA medical facilities. Vet Center staff are specifically skilled and strategically located to provide direct counseling, referral to other VA facilities, and the community outreach essential for making contact with lower income and homeless veterans. They are particularly active in networking with various VA and non-VA resources in meeting the shelter and other needs of veterans.

Vocational Rehabilitation and Counseling Program

1985 FUNDS/SERVICES - $107 Million, with 27,000 veterans served

Since World War II, nearly one million veterans with service-connected disabilities have received training through this program.

VA Education and Training Programs

1985 FUNDS/SERVICES - $1.0 Billion, with 464,000 veterans served

These programs provide education and training that leads to jobs for veterans who might otherwise be unemployed and potentially homeless. In addition, 36,599 veterans have been approved for training under the Veterans' Job Training Act, discussed under the Labor Department programs.

Specially Adapted Housing Program

1985 FUNDS/SERVICES - $15.8 Million, with 540 grants made

This program provides grants to certain veterans with severe service-connected disabilities so that they may purchase or modify a home tailored to accomodate their particular disabilities.

Home Retention Assistance Program

1985 FUNDS/SERVICES - $31.7 Million

This program provides assistance to veterans who are in danger of losing their homes because of financial difficulties that are no fault of their own. Assistance includes financial counseling and intercession with the lender to seek forbearance or arrange a reasonable payment schedule. If eviction appears imminent, consideration is given to retaining the family in the house if they demonstrate an ability to maintain the property with care, or to delaying eviction until after inclement weather or after the school year ends for dependent children.

Fiduciary or Guardianship Program

1985 FUNDS/SERVICES - $14.8 Million, with 125,000 veterans served

Under this program, benefits for mentally and legally incompetent veterans are paid to a fiduciary, who manages the money on behalf of the veteran. VA audits the fiduciaries to ensure that the housing and other needs of the veteran are being met, and that the funds are actually spent on behalf of the beneficiary. Field examiners made 104,000 program visits in FY 1985.

VA Outreach

1985 FUNDS/SERVICES - 419 VA facilities involved

Liaison has been established among VA social workers, benefits counselors, Vet Center counselors, and shelters to facilitate referral and provision of services. In many cases, VA staff will visit shelters and soup kitchens to identify eligible veterans and ensure that they are receiving benefits and services to which they are entitled. Basic health care has also been provided by VA doctors inside shelters.

WRITTEN COMMITTEE QUESTIONS AND THEIR RESPONSE

CHAIRMAN DASCHLE TO VA ADMINISTRATOR THOMAS K. TURNAGE

Office of the
Administrator
of Veterans Affairs

Washington DC 20420

Veterans
Administration

NOV 10 1986

NOV 7 1986

Honorable Tom Daschle
Chairman, Subcommittee on Education,
Training and Employment
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

As requested in your letter of September 11, 1986, to Mr. Grady W. Horton, Deputy Chief Benefits Director for Program Management, I am pleased to provide the enclosed responses to the questions posed by Members of the Subcommittee concerning homeless, unemployed veterans.

A copy of the responses has also been provided to the Honorable Bob McEwen.

Sincerely,

THOMAS K. TURNAGE
Administrator

Enclosure

1. Question: You testified that it might be premature at this time to identify specific additional measures which might be taken on behalf of homeless veterans. Does the VA support H.R. 5138, legislation which would remove the absence of a fixed or permanent address as a reason for denying VA benefits to an otherwise eligible veteran?

Answer: The proposed legislation appears to be unnecessary. The absence of a fixed or permanent address is not an impediment to the payment of VA benefits. The VA has no existing policy contrary to the proposed modification to section 3020(a) of title 38, United States Code. We do use "General Delivery" or post office box addresses, addresses in "care of" others, including family, friends, charitable organizations, or schools, and public and private shelters. We do not encourage individuals to request a check to be sent in care of general delivery in a very large municipality.

2. Question: How many homes has the VA acquired during the last year under the Mortgage Guaranty Loan Program? What is the average cost of maintaining such a house? Have any of these homes been used to shelter, on even a temporary basis, homeless veterans?

Answer: As of August 31, 1986, VA had acquired 27,528 properties during Fiscal Year 1986.

The average cost of maintaining an acquired property in Fiscal Year 1986 (through August) was $1,827. The average monthly and daily costs were $205 and $6.62 respectively.

VA owns approximately 20,000 single family dwellings which were originally acquired as a result of foreclosures of VA-guaranteed loans. This is not a stagnant inventory; properties average nine months from title acquisition to sale. The income derived from the sales of these properties is the primary source of funds needed to pay the obligations and operating expenses of the Loan Guaranty Program. In theory, these properties could be used to shelter homeless, unemployed veterans and their families. However, VA has several reservations about using the properties in this manner.

A. VA-owned properties are vacant because the former veteran owners, who lost the properties through foreclosure, have been asked to vacate the properties or have been evicted. It would place the VA in a sensitive public relations position to begin placing homeless, unemployed veterans in properties which other veterans, also often unemployed, have been required to vacate. In addition, there would probably be resistance from local residents because of perceived threats to neighborhood security and property values.

B. Because of high levels of foreclosures, the Loan Guaranty Program requires appropriations from Congress to make up the difference between program obligations and property sales income. A decision to use VA-owned properties for sheltering homeless veterans would delay the sales of those properties, perhaps indefinitely. To the extent that sales are delayed, Congress will need to appropriate larger amounts for the Loan Guaranty Program.

2.

C. The characteristics of the properties (single-family dwellings, not concentrated in a limited area) would make them considerably less suitable for sheltering homeless persons than other kinds of dwellings. Homeless, unemployed persons have a variety of needs besides shelter, e.g., food, transportation and medical care. These various needs can be more efficiently provided at centralized shelter locations.

D. VA would be reluctant to undertake the traditional role of a landlord that such a program would require. In addition to providing heat, light and water, VA would be tasked with a variety of maintenance problems, building code compliance problems, potential waste and vandalism by occupants, and possible lengthy eviction proceedings. All of these problems would require the VA to expend substantial, unanticipated sums from the Loan Guaranty Revolving Fund for purposes not related to the operations of the Loan Guaranty Program. Placing these additional administrative burdens on our existing regional office staffs would detract from their efforts to sell properties more quickly thereby reducing the need for Congressional appropriations. If units of local government were willing to assume the tasks of a landlord, this particular concern would no longer be relevant. However, no local governments have made any proposals of this nature to the VA.

At a time a property is acquired by the VA and is still occupied by the former veteran owner, the possibility exists that the veteran may become homeless as a result of the VA's need to have the property vacated for sale. While the VA does not have a general program to shelter homeless veterans in VA-owned houses, we do give every reasonable and humane consideration to avoid homelessness for those who have lost their homes through foreclosure. For instance, the VA does take into account the physical condition of the veteran and/or the immediate family members who occupy a property, the effects of a dispossessory action on the family at an inappropriate time during the school year, the seasons during which the veteran will be requested to vacate, and the likelihood of a repurchase by the veteran if his/her financial situation has improved since the foreclosure action. Veterans are given very reasonable periods of time to locate alternative housing which is both suitable and affordable.

While the Department of Housing and Urban Development (HUD) and the Farmer's Home Administration (FmHA) both have programs for providing shelter for homeless persons in Government-owned homes, the programs are very limited in scope. We understand that HUD has only 15 properties being used for this purpose nationwide and tha FmHA has only 2. The VA has been approached by one veterans' service organization (Disabled American Veterans) interested in a program of buying VA properties which they would then use to provide housing for homeless veterans. We are willing to work with any organizations in this type of plan, which would not cause any of the problems mentioned above.

Chairman Daschle to Donald E. Shasteen, Assistant Secretary for Veterans' Employment and Training, U.S. Department of Labor

U.S. Department of Labor

Assistant Secretary for
Veterans' Employment and Training
Washington, D.C. 20210

OCT 9 1

The Honorable Tom Daschle
Chairman
Subcommittee on Education,
  Training and Employment
Committee on Veterans Affairs
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

This is in response to your letter of September 11 requesting that we respond to follow-up questions from the hearing of September 10 regarding homeless, unemployed veterans.

As requested by your staff, the questions and answers have been typed on legal size paper and are transmitted as an enclosure to this letter.

I want to express our appreciation to you and Members of the Subcommittee for holding a hearing on such an important issue.

Sincerely,

Donald E. Shasteen

DONALD E. SHASTEEN

Enclosure

QUESTION 1.

The Colorado Veterans Partnership Program (CVPP), told me that money is not their major problem in attempting to assist homeless veterans. They said their biggest problem is inertia. Too few people are willing to try something new and help homeless veterans. So their emphasis is on drawing individuals and groups into their planning so more will participate in the implementation of their programs. I think all of the witnesses could learn from this group - that is, that more cooperative work is necessary. Do you agree?

ANSWER

Yes. The Jobs for Homeless Veterans (JHV) Program is designed to build-in cooperation in several ways. The local working committees bring together Federal service providers from U.S. Department of Labor, Department of Health and Human Services, The Veterans Administration and ACTION to review their effectiveness in focusing the delivery of services to homeless veterans and to leave a pattern of continuing cooperation after the demonstration year. Input and cooperation of the veterans organizations in each city is actively solicited to leave a legacy of service to homeless veterans seeking rehabilitation and jobs. We also have planned that the JHV grants will be let through State and local government entities to ensure their effective and continuing participation in these outreach efforts. The State Employment Services, including Disabled Veterans Outreach Program and Local Veterans Employment Representative personnel, are also integrated into the systems. A key linkage is with private employers. We plan to work through Private Industry Councils and other employer groups to ensure the support of the employer community. Linkages with private sector services such as the Robert Woods Johnson mental treatment programs, and with local American Medical Association volunteer treatment groups, will also be cemented. We are confident that because of this cooperative planning approach, that shelter providers' understanding of the entitlements and service systems and their access will be permanently upgraded.

QUESTION 2.

The CVPP also observed that too many of the homeless veterans who can work are funneled into casual day labor, which doesn't produce an adequate, steady income sufficient to enable them to find permanent housing. Will the Jobs for Homeless Veterans (JHV) Program emphasize placing these veterans in long-term, stable employment?

ANSWER

Yes. Although interim, casual jobs are often stop-gap employment measures and often provide a positive work experience in the rehabilitation process. Local JHV programs are intended to result in homeless veterans becoming permanently and gainfully employed. Our cadre of outreach workers will be trained to ensure that homeless veterans receive the necessary training and employment assistance referrals required to enter the labor market and get a job.

QUESTION 3.

One of the goals for the JHV program is to enroll some of the veterans in mental health and/or substance abuse treatment programs. What happens to these individuals when they are released from these programs? Where do they go? Will the Department of Labor track them so that you can help them find jobs and housing after completion of the treatment programs?

ANSWER

Each veteran enrolled in the JHV program will have a rehabilitation plan developed that leads to permanent employment. The individual's plan will require that we follow the veteran's progress until the employment goal is reached or the case file closed for other reasons.

QUESTION 4.

On page four of your testimony, you indicate that one-third of the homeless require mental health services. Would you elaborate on this? Does this mean in-patient treatment or out-patient counseling?

ANSWER

The Ohio study of homelessness in Ohio was exhaustive and detailed in its analysis of mental illness among the homeless. It reported the incidence of behaviorial disturbances, psychiatric disturbances and combinations of the two among the homeless on a severity index. On that basis it concluded that 30.8 percent of the respondents in the study might require a mental health service. Less than 5 percent exhibited severe psychiatric impairments that made them candidates for highly structured, protective treatment settings.

Those who require less structured settings can be treated by out-patient treatment, day program services, half-way house programs and self-help psycho-social rehabilitation clubs. Part of these needs are now met by VA Vet Centers, where Post Tranmatice Stress Disorder clients are counselled and by other extensive VA programs. Approximately 65,000 homeless veterans are now treated annually by the VA Mental Health Services' out-patient and ambulatory care clinics.

CHAIRMAN DASCHLE TO JAMES HUNTER, SPECIAL ASSISTANT TO THE DEPUTY UNDER SECRETARY FOR INTERGOVERNMENTAL AFFAIRS, DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

November 4, 1986

The Honorable Thomas A. Daschle
Chairman
Subcommittee on Education, Training
and Employment
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

It was a pleasure to testify before the subcommittee on September 10, 1986, and to now respond to additional questions regarding homeless, unemployed veterans.

I offer my apologies to you and the entire subcommittee for my tardy reply to your September 16, 1986 request for this information, but trust that it will still fit the subcommittee's needs.

Sincerely,

James Hunter
Special Assistant to the
Deputy Under Secretary for
Intergovernmental Affairs

Enclosure

1. Your office coordinates HHS activities relating to veterans and the activities of regional HHS offices relating to the homeless. This makes you somewhat of an expert on homeless veterans possible. What are your expert opinions on homelessness and, in particular, homeless, unemployed veterans?

   The problems of homeless people are unique and individual and their common condition descriptions seldom fit any generalized solution. The contributing causes -- mental illness, alcohol abuse, drug abuse, spouse/family abuse, economic inability, unavailable affordable housing, etc. -- can be a single one or a combination of two, three, or even more, but still unique to a specific individual. The solutions are similarly unique to his/her surrounding community conditions and capabilities. Veterans, in particular, have more access to more solutions addressing these individual problems than any other defined group that I am aware of.

2. Mr. Hunter, it's been said that when the Government needed the services of veterans who are homeless today, the Government had no trouble in finding them. But today, the Government can't find them. How do you respond?

   The question, I think, addresses more properly the domain of the Veterans Administration than what would be merely my personal observations. Though in my experience you became a veteran by volunteering for military service or as a condition of the draft wherein avoiding registry subjected an individual to criminal prosecution. I don't know of any law broken today by not being found.

CHAIRMAN DASCHLE TO HARVEY R. VIETH, CHAIRMAN, FEDERAL TASK FORCE ON THE HOMELESS

FEDERAL TASK FORCE ON THE HOMELESS
200 Independence Avenue, S.W., Washington, D.C. 20201
(202) 475-0179

OCT 8 1986

OCT 10 1986

The Honorable Tom Daschle
U.S. House of Representatives
Committee on Veterans' Affairs
Subcommittee on Education,
Training, and Employment
Washington, D.C. 20515

Dear Mr. Chairman:

Enclosed are my responses to the questions submitted in your letter of September 11 regarding my testimony on homeless, unemployed veterans.

If you have any further questions, please do not hesitate to call me on 245-2000.

Sincerely,

Harvey R. Vieth
Harvey R. Vieth
Chairman

Enclosure

Chair
Department of Health and Human Services

Vice Chair
Department of Housing and Urban Development

Member Agencies
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Interior
Department of Labor
Department of Transportation
ACTION
General Services Administration
Federal Emergency Management Agency
U.S. Postal Service
Veterans Administration

CONG. TOM DASCHLE

Q. 1. The philosophy of the Federal Task Force on the Homeless is that "homelessness is essentially a problem handled best at the local level." How do you respond to local officials who are concerned that their programs to assist the homeless will mean an increased homeless population? Some other localities only may provide "Greyhound Therapy" -- buying a bus ticket for the homeless because it's the least costly response.

A. The problem of homelessness surfaces at the community level and the focus of efforts to resolve it must be at this same level. The needs of the homeless are best assessed at the local level, and it is only there that the appropriate support and assistance can be pulled together and delivered creatively and with caring. More and more communities are beginning to realize this and are taking the lead by organizing partnerships between businesses, churches, private individuals, care providers and state and local service agencies to establish shelter and rehabilitation facilities for the homeless.

In addition, the problems of homelessness faced by the community differ from one region of the country to another, and in rural versus urban areas. There is no one answer that will meet the needs of each community. Establishing a Federal bureaucracy is not the answer, nor is it necessary. As I noted in my testimony, there are dozens of existing Federal programs and substantial Federal resources available to address the needs of the homeless.

According to the May 1984 HUD Report to the Secretary on the Homeless and Emergency Shelters, a majority of the homeless have lived in the area where they are currently located for over a year. Other studies have shown the same result. There is no evidence that a significant number of homeless move to an area because it has better services for the homeless. Rather, they seem to have moved to an area because of a perception that these places have good employment opportunities.

Q. 2. It's generally agreed, the number of homeless in America is increasing. As Chairman of the Federal Task Force, what are your personal views on reversing this trend and reducing the number of homeless? Is more money the solution? Is more commitment the solution? Is better cooperation the solution?

A. It is essential to deal with the underlying causes of homelessness in order to decrease the number of homeless. Supplying food and shelter on an emergency basis is dealing only with the symptoms, not the causes. The Task Force has increasingly turned more of its attention to dealing with the long-term issues of mental illness/deinstitutionalization, alcohol/drug abuse, job training/education, and the lack of affordable housing.

These underlying problems must be dealt with. We are working to obtain the cooperation of other Federal agencies, State and local governments, and the private sector to address these problems.

Chairman Daschle to James G. Bourie, National Service Director, AMVETS

September 17, 1986

SEP 19 1986

The Honorable Thomas Daschle
Chairman, Subcommittee on
  Education, Training & Employment
Veterans Affairs Committee, Room 334 CHOB
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Daschle:

In response to your inquiry of September 11, 1986, I am pleased to offer the following response:

Q: What specific assistance can AMVETS offer to help the DOL's Jobs for Homeless Veterans Program?

A: AMVETS has been and continues to work with the Office of Assistant Secretrary for Veterans Employment and Training (OASVET) on the Jobs for Homeless Veterans Project at the national level. While there yet has been any specific requests from that office we can, nonetheless, offer the assistance of our nationwide cadre of National Service Officers (NSOs) in cooperation with the VETS and VA in determining veteran entitlements, programs and benefits. NSOs would from time to time, be available for outreach efforts to shelters and such.

AMVETS, through its Thrift Store operation may also be willing to provide veterans with certain articles of clothing for job interviews.

Further, the Program could most certainly call upon the AMVETS state organizations who would be willing to do what they can.

AMVETS stands ready to assist the OASVET in any appropriate way.

Thank you for allowing us to clarify our assistance.

Sincerely,

Jim

James G. Bourie
National Service Director

cc: Donald Shasteen

JGB:pjf

CHAIRMAN DASCHLE TO DENNIS K. RHOADES, DIRECTOR OF ECONOMICS, THE AMERICAN LEGION

The American Legion
For God and Country

★ WASHINGTON OFFICE ★ 1608 "K" STREET, N.W. ★ WASHINGTON, D.C. 20006 ★
(202) 861-2700 ★

October 21, 1986

Honorable Thomas Daschle, Chairman
Subcommittee on Education, Training
and Employment
Committee on Veterans Affairs
335 Cannon Office Building
Washington, D.C. 20515

Dear Congressman Daschle:

Attached are the answers to the questions you posed in your letter of September 11, 1986, as a followup to the hearing on the homeless on September 10.

We appreciate this opportunity to furnish this information on helping homeless veterans.

Sincerely yours,

DENNIS K. RHOADES
Director of Economics

Enclosure

RESPONSE OF THE AMERICAN LEGION TO FOLLOWUP QUESTIONS BY CHAIRMAN DASCHLE

1. What responsibility does the American Legion have to participate in efforts to help homeless veterans?

Response: As a veterans service organization, The American Legion departments and posts have traditionally provided assistance to their less fortunate "buddies." Such service, which includes emergency cash, food and shelter, has been one of the cornerstones of the organization since its founding in 1919. As we indicated in our testimony, the deep recession which followed the close of World War I, as well as the subsequent Great Depression, established the need for aid to the jobless or homeless veteran very early in the Legion's life. The American Legion has continued to provide such aid. Our new National Commander, James P. Dean, has set improved community service as one of his major goals during his tenure this year. The Legion will participate as a full partner in efforts on behalf of the homeless veteran.

2. How would you characterize Federal efforts, at this time, relative to homeless veterans? Do you sense a new commitment to this issue?

Response: At its best, Federal efforts have been sporadic and reactive, responsive only to individual, usually highly publicized situations. At their worse, Federal efforts have attempted to: a) deny that there is a problem; b) downplay the issue by conjuring statistics which significantly understate the extent of the problem; or c) cite phantom efforts to resolve the problem which are themselves no more than palliative elaborations of normal program procedures. This last posture is no more clearly illustrated then in the VA's testimony, in which the agency cited the GI Bill home loan program as a component of its program to assist the homeless.

The American Legion hopes that Federal agencies will at last put this sort of disingenuous evasion aside and will really examine and direct their resources to restoring homeless veterans to decent, productive lives.

Chairman Daschle to Gordon R. Thorson, Special Assistant, National Legislative Service, Veterans of Foreign Wars

October 3, 1986

The Honorable Tom Daschle, Chairman
Subcommittee on Education, Training
and Employment
Veterans' Affairs Committee
United States House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for this opportunity to expand on our testimony of 10 September 1986, regarding homeless, unemployed veterans. We appreciate your efforts, as Chairman of the Subcommittee on Education, Training and Employment, in drawing attention to what appears to be a serious problem.

You posed the following question to the Veterans of Foreign Wars and asked for our written response: **"In view of the relatively decreasing resources available to Federal agencies and the resulting reduction in personnel, would it be appropriate for veterans organizations to help take up some of the slack and offer their assistance to the agencies on a local level?"**

Mr. Chairman, in view of the relatively decreasing resources available to federal agencies, we again emphasize that there are already programs in place with sufficient funds and staffing to conduct a homeless veteran project. We suggest that the Veterans Administration be given the leadership role to coordinate funding, fully utilize existing personnel, and deliver services. There are already numerous federal employees who are tasked with performing outreach, treatment, and referral activities for the homeless. If these federal employees were adequately performing their assigned tasks, government service assistance personnel would be more visible in homeless shelters.

What can veterans organizations do to help? It would be appropriate for veterans organizations to assist in this effort. Once the nature and scope of the problem is identified. We can help educate the veteran population; veterans orgainzations may provide the national emphasis to ensure proper program and policy development by working to:

- Facilitate outreach
- Promote awareness
- Public relations activities
- Serve as a watchdog to ensure that the program is effective
- Monitor and report from all levels
- Utilize volunteers to man vehicles, soup kitchens, intake points, etc.
- Collect food and items of clothing
- Participate on Jobs for Homeless Committees
- Provide Service Officer assistance, referral, claim development and discharge upgrade assistance
- Selective use of post facilities for training activities, if required

In closing, please know that the Veterans of Foreign Wars stands ready to assist, as soon as the depth and scope of this homeless veteran problem has been identified.

With best wishes and kind regards, I am

Sincerely yours,

Gordon R. Thorson

GORDON R. THORSON, Special Assistant
National Legislative Service

CHAIRMAN DASCHLE TO RICHARD WEIDMAN, DIRECTOR OF GOVERNMENT RELATIONS, VIETNAM VETERANS OF AMERICA

Vietnam Veterans of America, Inc
2001 S St., NW
Suite 700
Washington DC 20009-1125

(202) 332-2700

November 20, 1986

Honorable Thomas A. Daschle
Chairman
Subcommittee on Education
Training and Employment
Committee on Veterans Affairs
337 - Cannon Building
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

On behalf of Vietnam Veterans of America, I again wish to thank you and the Committee for focusing attention on veterans who are homeless, in the hearing of September 10, 1986.

In answer to your request for a copy of VVA correspondence with the Federal Task Force on the Homeless, in regard to a list of shelters, I regret to say that our communications with the "Task Force was verbal. Telephone conversation in late August/early September with Mr. Joe Carroll of the "Task Force" yielded the information that they had, at some point, started to compile a list of all shelters in the U.S. They sent out a directive for information to the Regional Offices of Health and Human Services requesting information. However, they neglected to provide any standardized format, so they received back a large mass of information that was in a different format from each regional office. At that point they decided that it was "too difficult" and "probably not worth it" to compile a reasonably complete national listing of shelter.

Vietnam Veterans of America will still be sending out a questionnaire about veterans to every shelter for which we can get an address, inquiring about veterans served, and offering a copy of The Viet Vet Survival Guide and a subscription to the monthly "VVA VETERAN" (free of charge). A list of six thousand (plus) shelters has been obtained by VVA from the "National Volunteer Clearinghouse on the Homeless," a project of the Community for Creative Non-Violence (CCNV), located in Washington, D.C.

Vietnam Veterans of America again thanks the committee for your efforts, and looks forward to working closely with you in the 100th Congress.

Sincerely,

Rick Weidman

Richard Weidman
Director of Government Relations

cc: Mary Stout
Michael Leaveck
John Rowan

CHAIRMAN DASCHLE TO JOHN P. ROWAN, N.B.D., HOMELESS VETERANS COORDINATOR, VIETNAM VETERANS OF AMERICA

Vietnam Veterans of America, Inc

42-65 80 St.
Elmhurst, NY 11373

Nov. 24, 1986

Hon. Tom Daschle
Subcomittee on Education, Training and Employment
Veterans Affairs Committee
337 Cannon H.O.B.
Washinton, D.C 20515

Dear Rep. Daschle:

Following your hearing on September 10, 1986, regarding homeless veterans, you sent me a letter asking me to repond to a number of questions. Unfortunatley I misplaced that letter and only recently was reminded of your request. I apoligize for the delay and hope that you will be able to still utilize my responses.

In your letter you asked me to provide you with details about the effort in New York to combine public and private efforts on behalf of homeless veterans, to report on their success, and to tell you whether or not other cities could duplicate our efforts. In order to comply with your request in the fashion that your committee requires I have attached my answers to this letter. I hope that this meets with your requirements. If you have any questions or if you need any clarifications, please feel free to contact me at (212) 566-8464 or (718) 457-2948.

I would like to thank you for giving me the opportunity to testify at your hearing and for requesting my input. I hope that I have been of some assistance.

Thanking you for your consideration and with kindest personal regards, I am,

Sincerely yours,

John P. Rowan, N.B.D.
Homeless Veterans Coordinator

• A not-for-profit national veterans' service organization •

Q. Please tell me about the efforts in New York City to combine public and private efforts on behalf of homelesss veterans.

A. In New York City the first efforts on behalf of homeless veterans were joint operations between the Veterans Administration, the State Division of Veterans Affairs and the City's Human Resources Administration. It is only recently that the private sector has begun to look at homeless veterans as an issue.

The five local Chapters of Vietnam Veterans of America have formed a Homeless Veterans Committees. This committee has attempted to coordinate the chapters' activities, and to assist chapters with their projects. For example the Brooklyn Chapter is in the process of trying to obtain funding for a half-way house for homeless veterans. The Queens Chapter is working with the Coalition for the Homeless to provide volunteers to be trained as shelter monitors.

In addition to VVA's activities, the Volunteers of America have developed a program within one of their existing shelters to assist veterans with finding permanent housing. This program received funding from New York State under a new grant program for homeless veterans. Two other organizations, Black Vets for Social Justice and the Urban League, have also applied for funding under this grant to develop other programs for homeless veterans.

Other discussions are under way to try to combine the resources and expertise of VVA and other non-profit organizations, such as VOA or Catholic Charities, to develop new programs to assist homeless veterans.

Q. Has this been successful?

A. The combined activites of the VA, State DVA and HRA were very helpful in assisting a number of veterans in obtaining their benefits. This program needs to be expanded and to have more guidance and direction from upper-level managers from the individual agencies.

VVA's, VOA's and the other non-profits activities are all too recent to judge their effectiveness at this time. However, the City has had much more success with the shelters run by non-profit organizations than the ones they run themselves, so the prognosis is good.

Q. Could other cities duplicate your efforts?

A. I have no doubt that other cities could establish better working relationships between the government agencies, the non-profits and the veterans service organizations, such as VVA. In fact we will be encouraging the local Chapters of VVA to become involved with this issue and to work together with their local governments and any private agencies, who may be assisting the homeless in their communities. Extremely organized and coordinated efforts will be the only way to tackle this very complex problem.

CHAIRMAN DASCHLE TO MARIA FOSCARINIS, NATIONAL COALITION FOR THE HOMELESS

NATIONAL COALITION FOR THE HOMELESS

105 East 22nd Street, New York, N.Y. 10010 *(212) 460-8110*
1620 "I" Street, N. W. Washington, D.C. 20006 *(202) 659-3310*
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October 15, 1986

The Honorable Thomas Daschle
2455 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Daschle:

I've enclosed my responses to the questions contained in your September 11 letter. I hope they are helpful to you and the subcommittee in continuing the work begun at the hearing on homeless veterans.

Your first question contained a description of the federal budget which you would probably not want to be held to; in my response I've corrected what I assume was a typographical error.

Sincerely,

Maria Foscarinis

1. The Federal budget isn't unlimited. Within the constraints of the budget and using only the money and other resources available today, how do you evaluate the Federal Task Force on the Homeless and the response of the Veterans Administration and the Department of Labor to homelessness?

The Federal Interagency Task Force on the homeless was created in October 1984 at the instance of then Secretary of Health and Human Services Heckler. Its creation was not accompanied by any regulation or order formalizing its existence or describing its obligations. As far as I can determine, no such document has been issued since then. This absence of formal definition impedes any effort to evaluate the Task Force's work.

Nevertheless, certain information is available: in creating the Task Force, Secretary Heckler stated that it would serve as a "catalyst" by which the efforts of "public and private groups to feed and house the homeless would be augumented, supplemented and strengthened." My understanding, derived from discussions with Task Force staff and review of its "Briefing Book," is that the Task Force is based on the premise that homelessness is a local problem; it has no funds to distribute and no authority to require action by its member agencies.The primary mission of the Task Force appears to be coordination of any resources available through its member agencies and assistance to service providers in gaining access to such resources. The sole specific substantive duty identified in the Task Force manual is to create an outreach program for Social Security benefits.

Even with these extremely limited goals, the Task Force has achieved very little. In October, 1984, we conducted a survey of service providers and local government officials in a dozen cities around the country to assess the Task Force's first year of work. Using reports released by the Task Force itself, we initially surveyed groups known to have dealt with the Task Force. We also contacted groups which had previously expressed to us an interest in the services of the Task Force and whose names were on a list we provided to the Task Force several months earlier.

The survey revealed that while the Task Force had assisted a few groups in securing resources to which they were entitled,most groups found the Task Force unable to provide significant help. A common complaint was that the Task Force had no actual authority and no funds to distribute. A copy of the report is attached.

A review of the activities of the Task Force since 1984 also reveals few achievements. The following are examples of the ineffectiveness of the Task Force:

. The Department of Defense ("DoD"), a member agency, is authorized by federal statute to make available certain military facilities for use as shelters and is required to take certain steps to implement this authority. In 1983, DoD announced that 600 military sites were available around the country for use in that program; in 1984, Congress appropriated $8 million to implement the program. To date, only about 10 sites have actually been used as shelters; only $900,000 of the original $8 million was spent; the rest was returned to military use. This suggests that either the Task Force has not made any significant effort to ensure that its member agency --DoD-- comply with its obligations or that it has been unable to succeed in such efforts.

I have attempted on several occassions to obtain from the Task Force a copy of the list of 600 allegedly available sites. Access to the list would permit me to assist groups that might wish to use these sites. Nevertheless, the Task Force has refused to make the list available to me.

. The Social Security Administration has itself found that many homeless persons are eligible for but not receiving benefits under the Social Security Act, such as disability benefits under the Supplemental Security Income ("SSI") program. As the SSA acknowledges, there are two reasons for this: many homeless persons are either not aware of such benefits or are barred by permanent address or other documentation requirements which are improperly imposed by local SSA officials and which by definition the homeless are unable to meet.

In spite of this express acknowledgement,and in spite of the fact that the Task Force identifies the creation of an outreach program for social security benefits as its sole specific substantive task, no serious action has been taken to remedy this problem. Indeed, the sole action taken by SSA was the issuance of a "directive" instructing its local offices to include shelters on their list of referrals and to "coordinate" with local providers. In addition, while the SSA has advised local offices that regulations "permit" special arrangements for delivery of checks to those without an address, there is still no provision in the Social Security Act barring permanent address requirements.

. The VA statute specifically requires the VA to conduct certain outreach activities. At best, outreach to homeless veterans has been conducted in a limited manner in only a few cities.I am aware of no effort by the Federal Task Force to ensure that the V.A. fulfill this obligation. (The V.A.'s failure to comply with its obligation is discussed below.

. The Job Training Partnership Act ("JTPA") is designed to provide job training to the economically disadvantaged. While the homeless clearly fall within this criterion, few - if any - actually receive such benefits. The Department of Labor ("DoL"), also a member agency, appears to have taken almost no action to remedy this situation. Its new initiative -- the Jobs for Homeless Veterans Program, discused at the hearing in the testimony of Donald E. Shasteen -- while perhaps well-intended, is paltry. Limited to ten cities in the face of a nationwide problem, it is also extremely vague in its discription of both its goals and their implementation. What is needed is not the formation of additional "committees" to "exchange information" or "examine" the problem. Rather, regular visits by qualified personnel to locations such as shelters to provide training in actual job skills is the minimum necessary to a serious DoL effort.

2. What should the Federal Task Force and the various Federal agencies (HHS, VA, DOL) do that isn't being done?

To begin with,there are several simple steps the federal agencies should take to make existing benefits to which the homeless are already entitled accessible to them.

. HHS should heed its own findings and immediately put into place a meaningful outreach system to reach homeless persons who are eligible for but not receiving SSI benefits. This could be accomplished by sending SSA employees to shelters, soup kitchens or other locations frequented by the homeless on a regular basis to explain benefits, to actually take applications and to assist in their completion.

. HHS should specifically ban permanent address requirements for benefits such as SSI and devise a method by which persons without permanent addresses or other standard documentation may qualify for and receive benefits.

. The V.A. should begin complying with the statutory requirement that it conduct outreach to the "maximum" extent possible by devising a national outreach policy to reach homeless veterans and ensuring its implementation by local V.A. offices around the country. At the minimum this should include regular visits by V.A. employees to shelters and soup kitchens to explain benefits, and to take and assist in the completion of applications.

. The V.A. should specifically eliminate permanent address requirements and devise a method by which homeless persons may qualify for and receive benefits.

The Task Force should at the very minimum adhere to its original mandate to serve as a "catalyst" by asking its member agencies to take such steps and by holding them accountable should they fail to do so. Alternatively, if the Task Force were to expand beyond its limited mandate to become a serious federal agency to address this issue, it should be granted authority -- and be required -- to perform this oversight function.

3. As the Washington representative of the National Coalition on the Homeless, do you have regular contact with the Federal Task Force or any Federal agencies concerning the homeless?

My contacts with the Task Force have been limited. Although I have contacted them on several occasions to obtain information on programs within their purview -- such as the DoD program -- they have not been forthcoming. Of course, contact would be extremely useful if it resulted in the provision of meaningful information.

4. You've indicated homeless veterans, as well as other homeless, are generally employed. What percentage of the homeless are employed and how are they employed?

Compiling accurate statistics on homeless persons is a difficult -- if not impossible -- task. Persons who live on the streets, under bridges, in cars or abandoned buildings -- some times intentionally seeking to avoid attention -- are not easily counted. Nevertheless, while no accurate nationwide statistic on the percentage of the homeless who are employed is available, I can provide the following information:

. According to a 1985 study of homeless men in Los Angeles County, about 19% of that population was employed full or part-time. Of this group, about half were veterans: approximately 18% of the veterans and 20% of the non-veterans were employed full or part time.

. In Washington, D.C., about one third of the population of the largest men's shelter is employed full or part-time, almost exclusively in unskilled day labor. Approximately one-half of this group consists of veterans.

. In a smaller men's shelter in Washington, D.C. almost all of the population is employed, almost exclusively in unskilled day labor.

. In Portland, Oregon about 46% of the homeless are veterans. Of them 5% are employed, primarily performing casual labor.

. A shelter for families in Seattle, Washington, reports that about 40% of its population is employed primarily performing menial work.

These examples indicate that a significant porportion of homeless adults are employed. This suggests that while unemployment is a significant factor in causing and maintaining homelessness, other factors operate to prevent those who are employed from escaping homelessness. Typically, those who work are unable or lack the skills to secure employment that pays sufficient wages to support a move out of the shelter. At the same time, high housing costs and the lack of low income housing compound the problem.

[5.] Additionally, enclosed are the materials referred to during the Subcommittee hearing as stating Veterans Administration policy outreach. I would appreciate your evaluation of the policy expressed in these materials.

The materials concerning the V.A.'s "outreach policy" merely confirm that no such policy exists. A review of the materials demonstrates the absence of any serious effort by the V.A. to provide services to homeless veterans, much less a national outreach policy.

The most recent comprehensive document appears to be the undated DVB Circular 27-86. In it, the V.A. acknowledges that "large numbers of the homeless may, in fact, be veterans," and , apparently, recognizes the need for "a comprehensive and effective outreach and public information program". Yet the "implementation" section does not even attempt to accomplish this. Instead, it requires the Veterans Services Officer ("VSO") to contact regional offices to ascertain their degree of involvement with homeless veterans. The VSO is not required or authorized -- to mandate any such involvement but merely to ascertain whether it exists. If he determines that it does exist, the VSO is merely to "coordinate" these efforts.

Indeed, the only specific action the VSO is to direct regional offices to take is to "identify" "points of contact" at local shelters and to "ensure awareness" by those contacts of V.A. benefits. The directive does not require visits to shelters, assistance in filling out forms by local personnel, or any contact at all with homeless veterans themselves.

In addition, rather than schedule visits to shelters, local VA offices are to "deliver assistance to the homeless" by referring homeless veterans who visit V.A. offices to local shelters.

Finally, rather than being trained to assist veterans in filling out benefit application forms, regional V.A. employees are to receive "awareness and sensitivity training."

Circular 10-84-141, dated August 21, 1984, concerns the need for discharge planning for institutionalized veterans. This is an area of potentially great significance to homeless veterans, who are sometimes discharged with no place to go. Yet the circular discusses no special services for such veterans at all.

A "Telegraphic message" prepared February 6, 1985, and apparently issued February 14, 1985, to regional offices urges such offices to "identify" shelters operating within their jurisdiction, as well as a "personal contact" in each shelter. The regional offices are to "assure awareness" of V.A. benefits and services by that contact. The message explicitly states that "specific outreach to these locations is not immediately required" but notes that "it may be advantageous on at least a one time basis."

The final document, dated June 6, 1986, contains no directive at all but merely requests that the regional offices be "sensitive" and become "as involved with the plight of homeless veterans as your resources and other priorities will allow."

At best, presentation of such materials as evidence of an "outreach policy" is irresponsible; at worst it is disingenuous effort to conceal the V.A.'s neglect of the nation's neediest veterans. In either case, it is an insult to those that the V.A. is charged to care for.